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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90167 025 ***150.00

DOCUMENT # **P96000028054**

1. Corporation Name
~~LOCHER SERVICES, INC.~~
Rita Staffing of Central Florida Inc.

Principal Place of Business	Mailing Address
8803 MOUNT ROYAL LANE LAKELAND FL 33809	8803 MOUNT ROYAL LANE LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/25/1996

2. Principal Place of Business	2a. Mailing Address
21 5150 South Florida Ave.	26 P.O. Box 6955
Suite, Apt. #, etc. 22 Building B	Suite, Apt. #, etc. 27
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip 24 33813 Country 25 USA	Zip 29 33807 Country 30 USA

4. FEI Number: 59-3377284 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOCHER, KEVIN
8803 MOUNT ROYAL LANE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name: James C Dayvault
82 Street Address (P.O. Box Number is Not Acceptable): 5150 South Florida Avenue
83: Building B
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James C DAYVAULT — Signature, typed or printed name of registered agent and title if applicable.
James C Dayvault (NOTE: Registered Agent signature required when reinstating)
DATE: 4/17/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOCHER, KEVIN 8803 MOUNT ROYAL LANE LAKELAND FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P James C Dayvault 5150 South Florida Avenue Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Martha S. Dayvault 5150 South Florida Avenue Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Susan D Hames 914 Success Avenue Lakeland, FL 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D J. Richard Hames, Jr. 914 Success Avenue Lakeland, FL 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C Dayvault James C DAYVAULT 4/20/99 941-646-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #