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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032286 (2)

1. Corporation Name
GGA CONTRACT STAFFING SERVICES, INCORPORATED

Principal Place of Business
1333 WEST CASS STREET
TAMPA FL 33606

Mailing Address
1333 WEST CASS STREET
TAMPA FL 33606-1206



3. Date Incorporated or Qualified
04/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 4121 E. FOWLER AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 4121 E. FOWLER AVE
Suite, Apt. #, etc.

4. FEI Number

59-3375625

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33617

Country

25 USA

Zip

29 33617

Country

30 USA

9. Name and Address of Current Registered Agent

BAREFIELD, SIMONE G
1333 WEST CASS STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4121 E. FOWLER AVE

84 City

TAMPA

FL

85 Zip Code

33606

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT / CEO ☐ DELETE
NAME SIMONE GANS BAREFIELD
STREET ADDRESS 4121 E. FOWLER AVE
CITY - ST - ZIP TAMPA FL 33617

TITLE VICE - PRESIDENT ☐ DELETE
NAME ERNEST BAREFIELD
STREET ADDRESS 4121 E. FOWLER AVE
CITY - ST - ZIP TAMPA FL 33617

TITLE DIRECTOR ☐ DELETE
NAME JOHN BECKFORD
STREET ADDRESS 7445 QUAIL MEADOW ROAD
CITY - ST - ZIP PLANT CITY FL 33565

TITLE SECRETARY ☐ DELETE
NAME VIVIAN ALVAREZ
STREET ADDRESS 7445 QUAIL MEADOW ROAD
CITY - ST - ZIP PLANT CITY FL 33565

TITLE TREASURER ☐ DELETE
NAME MARGARITA PEREZ
STREET ADDRESS 7445 QUAIL MEADOW ROAD
CITY - ST - ZIP PLANT CITY FL 33565

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: John G Beckford JOHN G BECKFORD, DIRECTOR 4/18/97 813 971-6501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)