

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032286 (2)**  
1. Corporation Name  
**GGA CONTRACT STAFFING SERVICES, INCORPORATED**



Principal Place of Business

4129  
4121 E FOWLER AVE  
TAMPA FL 33617  
US

Mailing Address

4129  
4121 E FOWLER AVE  
TAMPA FL 33617  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/09/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3375625</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

4129  
**BAREFIELD, SIMONE G**  
4121 E FOWLER AVE  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	DIRECTOR
NAME	BAREFIELD, SIMONE G	1.2 NAME	LA JUANA ANTHONY
STREET ADDRESS	4121 E FOWLER AVE	1.3 STREET ADDRESS	4129 E. Fowler Ave.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VP	2.1 TITLE	PRESIDENT
NAME	BAREFIELD, ERNEST	2.2 NAME	SIMONE BAREFIELD
STREET ADDRESS	4121 E FOWLER AVE	2.3 STREET ADDRESS	4129 E. Fowler Ave.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D	3.1 TITLE	VICE PRESIDENT
NAME	BECKFORD, JOHN	3.2 NAME	ERNEST BAREFIELD
STREET ADDRESS	7445 QUAIL MEADOW ROAD	3.3 STREET ADDRESS	4129 E. Fowler Ave.
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	S	4.1 TITLE	ACCOUNTS PAYABLE
NAME	ALVAREZ, VIVIAN	4.2 NAME	VIVIAN ALVAREZ
STREET ADDRESS	7445 QUAIL MEADOW ROAD	4.3 STREET ADDRESS	4129 E. Fowler Ave.
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	T	5.1 TITLE	
NAME	PEREZ, MARGARITA	5.2 NAME	
STREET ADDRESS	7445 QUAIL MEADOW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ 22 Aug 98 (813) 991-1571

CR2E034 (10/97)