

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90002 045 \*\*\*\*\*8.75  
 09-10-1999 90002 046 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # P96000032286  
 Corporation Name  
**GGA CONTRACT STAFFING SERVICES, INCORPORATED**



Principal Place of Business  
 4129 E FOWLER AVE  
 TAMPA FL 33617

Mailing Address  
 4129 E FOWLER AVE  
 TAMPA FL 33617  
 US

DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAREFIELD, SIMONE G 4129 E FOWLER AVE TAMPA FL 33606				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	BAREFIELD, SIMONE 4129 E FOWLER AVE TAMPA FL 33617	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	BAREFIELD, ERNEST 4129 E FOWLER AVE TAMPA FL 33617	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ANTHONY, LAJUANA 4129 E FOWLER AVE TAMPA FL 33617	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AP	ALVAREZ, VIVIAN 4129 E FOWLER AVE TAMPA FL 33617	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Simone Barefield* 8/25/99 (813)971-6501

CR2E034 (5/99)