

(SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 AUG -4 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069531 (7)

1. Corporation Name

QUALITY PLUS STAFFING SERVICE, INC.

Principal Place of Business

410 RYALS ST
PORT CHARLOTTE FL 33954

Mailing Address

410 RYALS ST
PORT CHARLOTTE FL 33954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 1900 TAMMARI TRAIL

Suite, Apt. #, etc.

22 Suite 128

City & State

23 Port Charlotte FL

Zip

24 33948

Country

25 USA

2a. Mailing Address

26 1900 TAMMARI TRAIL

Suite, Apt. #, etc.

27 Suite 128

City & State

28 Port Charlotte FL

Zip

29 33948

Country

30 USA

4. FEI Number

65-0691223

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEAVES, JAN K
410 RYALS ST
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Jan K Cleaves, President

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Jan K. Cleaves
1.3 STREET ADDRESS 410 Ryals Street
1.4 CITY-ST-ZIP Port Charlotte, FL 33954

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME John D. Cleaves
2.3 STREET ADDRESS 410 Ryals Street
2.4 CITY-ST-ZIP Port Charlotte, FL 33954

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Jan K. Cleaves
3.3 STREET ADDRESS 410 Ryals Street
3.4 CITY-ST-ZIP Port Charlotte FL 33954

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME John D. Cleaves
4.3 STREET ADDRESS 410 Ryals Street
4.4 CITY-ST-ZIP Port Charlotte, FL 33954

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:

Jan K Cleaves, President

7/26/97

941
743-4465

CR2E034 (4/97)