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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087648 (7)

SPECIALTY LABOR, INC.

Principal Place of Business Mailing Address						E LEBYLOBY 159 CARGO MYNY MONTH BOLLI BOLDY FALLE LOBBLO MYNT MINDE LOUIS 1905
782 RAY PHILLIPS ROAD MACCLENNY FL 32063		782 RAY PHILLIPS ROAD MACCLENNY FL 32063				
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/23/1996
21	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For S9-3408917 Not Applied be
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Cou 30	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	_		10. Name and Address of New Registered Agent
SMI	TH, MICHELE R			61	Name	
782	RAY PHILLIPS ROAD CLENNY FL 32063			82	Street Ad	Address (P.O. Box Number is Not Acceptable)
MAC	CLEMNI PL 32003		ļ	83		
			Ì	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 Signature, typed or printed name of registered agent and tit of applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	o Ago	III BIG IAIDIG FEG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 111	LE		Change Addition
NAME	HINSON, LARRY C		1.2 NA	ME	1	
STREET ADDRESS	STAR ROUTE 1, BOX 201AA		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112		1.4 CI	17-5	T- Z IP	
TITLE	☐ DELETE 2.11		2.1 10	LE		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			2.4 C	ITY - \$	1 - ZIP	
TITLE		DELETE	3.1 Tr	LE		Change Addition
NAME			3.2 N/	ME		
STREET ADDRESS			3 3 ST	AEE1	ADDRESS	
CITY-ST-ZIP		Delease	3.4. C		1 - Z(P	06
TITLE		☐ DEFELE	4.1 111			L Change L Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP		DELETE	4.4 CI		I - ZIP	Change Addition
TITLE			5.1 TC			Oxanigo AQUIIIOII
NAME STOREY ANODESS			5.2 N/		ADDRESS	
STREET ADORESS						
CITY-ST-ZIP TITLE		DELETE	5.4 Cl	• •	1 - C1r	☐ Change ☐ Addition
NAME		Land Court	6.2 NA		İ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI			
OUT TOUTE			0.46		. 411	

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 ennual 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.

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May 05 1997 8:00am

Secretary of State

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