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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098549 (4)

| INDUST | rial staffing, inc. | | | | | |
|---|---|-------------------------------|-----------------------------|--|---|---------------------------------------|
| Principal Place | e of Business | Mailing Address | | | 1 (00)(ED) (13 ING)N NOVE \$0(1) ONOV CONT. | DISM SÕIMI NALDI MESII BADAM KON INDI |
| 4410 W HILLS | SBOROUGH AVE | 4410 W HILLSBOROUG | 3H AVE | | | |
| STE E Tampa Fl 33614 | | STE E | | DO NOT WRITE IN THIS SPACE | | |
| US | | TAMPA FL 33614 US | | 3. Date Incorporated or Qualified | | |
| | | ••• | | | 12/02/1996 | |
| 2. Principal Place of Business | | 2a, Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-3422524 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 Charle Code | | City & State | | | Fee Required | |
| City & State | | ´ | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be | |
| Zip | | | Country | | Trust Fund Contribution L 8. This corporation owes or has paid to | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | |
| | 9. Name and Address of Curre | | | | 10. Name and Address of New Regist | |
| MF | RCHANT JR, JAMES W | | 81 | Name | | |
| 9481 HIGHLAND OAK DR | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| #16 | | | ا آ | Officer Addition | COS (1.0. Box 11011001 IS 110171000ptasio) | |
| | MPA FL 33647 | | 83 | | | |
| | | | 84 | City | ····· | 85 Zip Code |
| | _ | | 1 1 | - | | FL |
| 11, Pursuant t | to the provisions of Sections 607.05 | 02 and 607 1508, Florida Sta | tutes, the above | -named corp | oration submits this statement for the purp ion's board of directors. I hereby accept th | ose of changing its registered |
| agent I a | m familiar with, and accept the obli | gations of, Section 607.0505, | Florida Statutes | | torra board of directors. Thereby accept to | to appointment as registered |
| SIGNATURE | | | | | | |
| | Signature, typed or printed nume of registered in | | NOTE Registered Age | nt signature require | | O AND PURSOTORO IN AS |
| 12. | D OFFICE MS AI | ND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICER | Change Addition |
| NAME | MERCHANT, JAMES W JR. | | 1.2 NAME | | | C) onlinge C reducer |
| STREET ADDRESS 9481 HIGHLAND OAK DR #1602 | | 1602 | 1.3 STREET | ADODECC | | |
| CITY-ST-ZIP TAMPA FL | | 1004 | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | DELETE | 2.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | MERCHANT, KELLIE T | | 2.2 NAME | - | | · |
| STREET ADDRESS | 9481 HIGHLAND OAK DR # | 1602 | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP TAMPA FL | | | 2 4 CHTY-ST-ZIP | | | · |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | 3.2 NAME | | |
| STREET ADDRESS | ESS | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - S | T-ZIP | | |
| TITLE | ☐ DELETE | | 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET A | 1 | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - ST | 1-ZIP | | Change Addition |
| TITLE | | | 5 1 TITLE | | | LI Change LI Addition |
| NAME PIRET ADDRCCC | | | 5 2 NAME | ADDOLGO | | |
| STREET ADDRESS | | | 5.3 STREET / 5.4 CITY-ST | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | - LIF | | Change Addition |
| NAME | | | 6.2 NAME | \ | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY - ST | 1 | | |

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 infactment with an address. B12-26/1-N11