

2-17-98 B 2/23 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000004051 (3)
 1. Corporation Name
BRISTOL STAFFING, INC.



Principal Place of Business Mailing Address

**7240 W. POINT BLVD.
 APT. 1127
 ORLANDO FL 32835**

**7240 W. POINT BLVD.
 APT. 1127
 ORLANDO FL 32835**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	900 Winderley Pl.	26	900 Winderley Pl.	01/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 104		27 Suite 104		58-2297679	
City & State		City & State		Applied For	
23 Maitland FL		28 Maitland FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 32751		29 32751		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Orange		30 Orange		\$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
 600 COURTLAND STREET #110
 ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name	Phyllis E. Rhodes
82 Street Address (P.O. Box Number is Not Acceptable)	7240 Westpointe Blvd. #1127
83	
84 City	Orlando
85 Zip Code	FL 32835

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 *Phyllis E. Rhodes, Phyllis E. Rhodes, Pres. Phyllis E. Rhodes* 2/2/98

Signature, typed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RHODES, ROBERT H	
STREET ADDRESS	2412 BRISTOL PLACE	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RHODES, PHYLLIS E	
STREET ADDRESS	2412 BRISTOL PLACE	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Rhodes,	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rhodes, Robert H.	
1.3 STREET ADDRESS	7240 Westpointe Blvd. #1127	
1.4 CITY-ST-ZIP	Orlando, FL 32835	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rhodes, Phyllis E.	
2.3 STREET ADDRESS	7240 Westpointe Blvd #1127	
2.4 CITY-ST-ZIP	Orlando, FL 32835	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rhodes, Phyllis E.	
3.3 STREET ADDRESS	7240 Westpointe Blvd. #1127	
3.4 CITY-ST-ZIP	Orlando, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Phyllis E. Rhodes Pres.* 2/2/98 407-659-0055

CR2E034 (10/97)