

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90121 009 \*\*\*150.00

DOCUMENT # P97000079704

1. Corporation Name

STAFFING SOLUTIONS OF NORTHWEST FLORIDA, INC.

Principal Place of Business  
1455 SOUTH FERDON BLVD A-1  
CRESTVIEW FL 32536

Mailing Address  
1455 SOUTH FERDON BLVD A-1  
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 301 E. Hickory Avenue

Suite, Apt. #, etc.

22

City & State

23 Crestview, FL

Zip

24 32536

Country

25

2a. Mailing Address

26 301 E. Hickory Avenue

Suite, Apt. #, etc.

27

City & State

28 Crestview, FL

Zip

29 32536

Country

30

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

59-3467536

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VIERNES, REGINA  
1455 SOUTH FERDON BLVD A-1  
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

Tom L. Crowe

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

301 East Hickory Ave.

83

84 City

Crestview

FL

85 Zip Code  
32536

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

*Tom L. Crowe*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VIERNES, REGINA  
STREET ADDRESS 1455 SOUTH FERDON BLVD A-1  
CITY-ST-ZIP CRESTVIEW FL 32536

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Wesley M. Childers  
1.3 STREET ADDRESS 113 Kipling Drive  
1.4 CITY-ST-ZIP Crestview, FL 32539

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Wesley M. Childers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Childers

4-30-99

Date

850

682-1212

Daytime Phone #

CR2E034 (1/198)

0538207