199.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700).

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 AM 8:40

DOCUMENT # P98000072512

1. Corporation Name

STAFF MASTERS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1840 SOUTHSIDE BLVD. #2-B JACKSONVILLE FL 32073	1840 SOUTHSIDE BLVD. #2-B JACKSONVILLE FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1998

2. Principal Place of Business
21 1840 Southside Blvd.
Suite, Apt. #, etc.: 22 Suite 2B
City & State: 23 Jacksonville Florida
Zip: 24 32216 Country: 25 USA

2a. Mailing Address
26 1840 Southside Blvd
Suite, Apt. #, etc.: 27 Suite 2B
City & State: 28 Jacksonville Florida
Zip: 29 32216 Country: 30 USA

4. FEI Number: 59-3527041 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHRAGER, BILL
1840 SOUTHSIDE BLVD, #2-B
JACKSONVILLE FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P=President William Schrager 1840 Southside Blvd. #2B Jacksonville, FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002999161--8 -09/28/99--01047--002 *****150.00 *****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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: /s/ SIGNATURE REQ Schrager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Staff Masters

"Specializing in Skilled Employees"

August 3, 1999

Divisions of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

We received our second notice annual report packet on August 2nd, however we never received the first notice. We called and spoke with Jane on August 3rd to report this oversight and she instructed us to send the completed form, the original $150.00 dollar filing fee, and a letter of explanation for the second notice. If you have any questions or need any further information please do not hesitate to call our office at (904) 726-5661.

Sincerely,

Bill Schrager
Owner

1840 Southside Boulevard, Suite 28 • Jacksonville, Florida 32216
(904) 726-5661 • Fax (904) 726-5343