

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90239 030 \*\*\*150.00

DOCUMENT # P98000089960

1. Corporation Name

DYNAMIC STAFFING, INC.

Principal Place of Business

314 SHORE DRIVE EAST  
OLDSMAR FL 34677

Mailing Address

314 SHORE DRIVE EAST  
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

59-3538156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒

No

9. Name and Address of Current Registered Agent

SWOPE, SCOTT P ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name Michael T. Berthelette  
82 Street Address (P.O. Box Number is Not Acceptable)  
314 Shore Dr. E.  
83  
84 City Oldsmar FL 85 Zip Code 34677

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

*Michael T. Berthelette*

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

(NOTE: Registered Agent signature required when reinstating)

1/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COHN, MELISSA S  
STREET ADDRESS 314 SHORE DRIVE EAST  
CITY-ST-ZIP OLDSMAR FL 34677

DELETE

TITLE Berthelette, Michael T.  
NAME 314 Shore Dr. E.  
STREET ADDRESS Oldsmar, FLA 34677  
CITY-ST-ZIP  
error  
MSC

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Berthelette, Michael T.  
1.3 STREET ADDRESS 314 Shore Dr. E.  
1.4 CITY-ST-ZIP Oldsmar, FLA 34677 error msc 1/11/99

Change

Addition

2.1 TITLE  
2.2 NAME 5003 S. Elberon St.  
2.3 STREET ADDRESS TAMPA, FLA 33611  
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: *Melissa Cohn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (813) 855-4677  
Date Daytime Phone #

CR2E034 (11/98)