

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S22992** (9)

1. Corporation Name
RITA TEMPORARIES, INC.



Principal Place of Business: 5150 S FLORIDA AVE P.O. BOX 6955 LAKELAND FL 33807
Mailing Address: 5150 S FLORIDA AVE P.O. BOX 6955 LAKELAND FL 33807

3. Date Incorporated or Qualified: 01/03/1991
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business: 21 5150 S. Florida Ave, 22 Bldg B, 23 Lakeland, FL, 24 33807, 25 USA
2a. Mailing Address: 26 P.O. Box 6955, 27 Suite, Apt. #, etc., 28 Lakeland, FL, 29 33807, 30 USA

4. FEI Number: 59-3040716
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DAYVAULT, MARTHA S., 5150 S FLORIDA AVE, LAKELAND FL 33813
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when registered agent is not the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DAYVAULT, MARTHA S.	11 TITLE	
NAME	DAYVAULT, MARTHA S.	12 NAME	
STREET ADDRESS	5328 GLENMORE DR	13 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	14 CITY - ST - ZIP	
TITLE	D HAMES, SUSAN D	21 TITLE	
NAME	HAMES, SUSAN D	22 NAME	
STREET ADDRESS	2810 BROOKHAVEN VIEW	23 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	24 CITY - ST - ZIP	
TITLE	DT DAYVAULT, JAMES C.	31 TITLE	
NAME	DAYVAULT, JAMES C.	32 NAME	
STREET ADDRESS	5328 GLENMORE DR	33 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James C Dayvault 4/25/96 941-646-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)