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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **S54431** **(9)**

1. Corporation Name

TSC HUMAN RESOURCES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O KIRK A. SCOGGINS 1211 N. WESTSHORE BLVD. STE. 800 TAMPA FL 33607	C/O KIRK A. SCOGGINS 1211 N. WESTSHORE BLVD. STE. 800 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/20/1991**

3a. Date of Last Report: **08/26/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3067619** ☐ 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 has nability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOGGINS, KIRK
1211 N. WESTSHORE BLVD., SUITE 800
TAMPA FL 33607

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	SCOGGINS, KIRK A.	12 NAME		
STREET ADDRESS	1901 BROOKLINE STREET	13 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33607	14 CITY ST ZIP		
TITLE	SVD	21 TITLE		☐ Change ☐ Addition
NAME	MILLS, STEVEN C.,	22 NAME		
STREET ADDRESS	2830 FOUNTAIN BLVD.	23 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33609	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	STOCKTISCH, PHYLLIS, C	32 NAME	Resigned	
STREET ADDRESS	550 PARK STREET	33 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL 33707	34 CITY ST ZIP		
TITLE	VT*	41 TITLE	D	☐ Change ☒ Addition
NAME	KOCH, TERRY M.,	42 NAME		
STREET ADDRESS	4307 GAINSBOROUGH CT.	43 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33624	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	RYAN-SHOEMAKER, LINDA	52 NAME		
STREET ADDRESS	1403 12TH SO. DR. WEST	53 STREET ADDRESS		
CITY ST ZIP	PALMETTO FL 34221	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
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)(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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/28/95 813-289-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442667 FP