

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

FILED

Jun 11 1996 8:00 am

Secretary of State

DOCUMENT # S54431 (9)

1. Corporation Name
TEAMSTAFF, INC.



Principal Place of Business Mailing Address
THE TEAMSTAFF BLDG., 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607
THE TEAMSTAFF BLDG., 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 05/20/1991 3a. Date of Last Report 05/01/1995
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 liability 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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS
TITLE CPD ☐ DELETE
NAME SCOGGINS, KIRK A.
STREET ADDRESS 1901 BROOKLINE STREET
CITY-ST-ZIP TAMPA FL 33607
TITLE SVD ☐ DELETE
NAME MILLS, STEVEN C.
STREET ADDRESS 2830 FOUNTAIN BLVD.
CITY-ST-ZIP TAMPA FL 33609
TITLE D ☒ DELETE
NAME KOCH, TERRY M.
STREET ADDRESS 4307 GAINSBOROUGH CT.
CITY-ST-ZIP TAMPA FL
TITLE V ☐ DELETE
NAME RYAN-SHOEMAKER, LINDA
STREET ADDRESS 1403 12TH SO. DR. WEST
CITY-ST-ZIP PALMETTO FL 34221
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME LINDA RYAN
4.3 STREET ADDRESS 204 3RD ST. W. #408
4.4 CITY-ST-ZIP BRADENTON, FL 34205
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME TROY FOWLER
5.3 STREET ADDRESS 3218 PALMIRA ST.
5.4 CITY-ST-ZIP TAMPA, FL
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ROB BYERS
6.3 STREET ADDRESS 107 S. WOODLYNNE
6.4 CITY-ST-ZIP TAMPA, FL 33609

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 or both, and is accompanied by an address.

SIGNATURE:

[Signature]
KIRK A. SCOGGINS
REGISTERED AGENT

NAME OF FILER OR DIRECTOR

6/7/96

DATE

DAY/MONTH/YEAR

CR2E034 (12/95)