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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33607-4600

3. Date Incorporated or Qualified: **05/20/1991**
3a. Date of Last Report: **06/11/1996**

2. Principal Place of Business — 21:
Street, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
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 liability for intangible tax under s. 199.032, Florida Statutes ☒ XX 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD SCOGGINS, KIRK A. 1901 BROOKLINE STREET TAMPA FL 33607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VT KOCH, TERRY M. 4307 GAINSBOROUGH CT. ~~TAMPA, FL 33624~~	☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD MILLS, STEVEN C., 2830 FOUNTAIN BLVD. TAMPA FL 33609	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SVD MILLS, STEVEN C. 1000 HORATIO AVENUE, SUITE 110 ~~TAMPA, FLORIDA 33609~~	☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TROY FOWLER 3218 PALMIRA ST. TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V FOWLER, N. TROY 1902 WYKAGYL ~~TAMPA, FLORIDA 33629~~	☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RYAN-SHOEMAKER, LINDA 204 3RD ST. W. #408 BRADENTON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V RYAN, LINDA S. 204 3RD ST. W., #408 ~~BRADENTON, FL 34205~~	☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROB BYERS 107 S. WOODLYNNE TAMPA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V BYERS, ROBERT R. 107 S. WOODLYNNE ~~TAMPA, FLORIDA 33609~~	☐ Change ☐ Addition XX
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 (9/96)

14. I do 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: _____ 03-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #