

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54431 (9)
1. Corporation Name
TEAMSTAFF, INC.

Principal Place of Business THE TEAMSTAFF BLDG., 8TH FLOOR 1211 N. WESTSHORE BLVD. TAMPA FL 33607	Mailing Address THE TEAMSTAFF BLDG., 8TH FLOOR 1211 N. WESTSHORE BLVD. TAMPA FL 33607
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1991	
4. FEI Number 59-3067619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOGGINS, KIRK A.	1.2 NAME	
STREET ADDRESS	1901 BROOKLINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, STEVEN C.	2.2 NAME	
STREET ADDRESS	1000 HORATIO AVE SUITE 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, TROY N	3.2 NAME	
STREET ADDRESS	1902 WYKAGYL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN, LINDA S	4.2 NAME	LaVigne, Eaton
STREET ADDRESS	204 3RD ST. W. #408	4.3 STREET ADDRESS	504 Running Horse
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	Seffner, Florida 33584
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, ROBERT R	5.2 NAME	
STREET ADDRESS	107 S. WOODLYNNE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Koch, Terry M.
STREET ADDRESS		6.3 STREET ADDRESS	13736 Chestersall Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, Florida 33624

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.

SIGNATURE:

TERRY M KOCH 2/18/98 832891981

CR2E034 (10/97)