

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90077 031 \*\*\*150.00

DOCUMENT # S54431

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/20/1991

4. FEI Number  
59-3067619

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE CPD  
NAME SCOGGINS, KIRK A.  
STREET ADDRESS 1901 BROOKLINE STREET  
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P ☒ Change ☐ Addition

TITLE SVD  
NAME MILLS, STEVEN C.,  
STREET ADDRESS 1000 HORATIO AVE SUITE 110  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V T S ☐ Change ☒ Addition  
DONALD T. KELLY  
300 ATRIUM DRIVE  
SOMERSET, NJ 08873

TITLE V  
NAME FOWLER, TROY N  
STREET ADDRESS 1902 WYKAGYL  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

C ☐ Change ☒ Addition  
DONALD W. KAPPAUF  
300 ATRIUM DRIVE  
SOMERSET, NJ 08873

TITLE V  
NAME LAVIGNE, EATON  
STREET ADDRESS 504 RUNNING HORSE  
CITY-ST-ZIP SEFFNER FL 33584

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME BYERS, ROBERT R  
STREET ADDRESS 107 S. WOODLYNNE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TV  
NAME KOCH, TERRY M  
STREET ADDRESS 13736 CHESTERSALL DR  
CITY-ST-ZIP TAMPA FL 33624

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

732-748-3225

Daytime Phone #

0387267

CR2E034 (11/98)