

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

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V15452

(8)

1. Corporation Name
SUPER STAFF, INC.

Principal Place of Business
1820 N.E. 2ND STREET
GAINESVILLE FL 32609

Mailing Address
1820 N.E. 2ND STREET
GAINESVILLE FL 32609



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1992

4. FEI Number

59-3107085

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4300 NW 23rd Ave.

Suite, Apt. #, etc.

22 Ste 520

City & State

23 Gainesville, FL

Zip

24 32605

Country

25 DSA

2a. Mailing Address

26 4300 NW 23rd Ave

Suite, Apt. #, etc.

27 Ste 520

City & State

28 Gainesville, FL

Zip

29 32605

Country

30

9. Name and Address of Current Registered Agent

MURPHY, THOMAS
1820 N.E. 2ND STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4300 NW 23rd Ave, Ste 520

83

84 City

Gainesville

FL

85 Zip Code

32605

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 of registered agent or registered agent, as the case may be

THOMAS F. MURPHY, JR.

(NOTE: Registered Agent signature required when reinstating)

3-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MURPHY, THOMAS
STREET ADDRESS 1820 N.E. 2ND STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

4300 NW 23rd Ave, Ste 520

Gainesville, FL 32605

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 of the full power or place 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 with an attachment with an address.

SIGNATURE:

THOMAS F. MURPHY, JR.

3-8-98

CR2E034 (10/97)