

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # V29998 (4)

1. Corporation Name
ACCUSTAFF INCORPORATED



Principal Place of Business: **6440 ATLANTIC BLVD. JACKSONVILLE FL 32211**
Mailing Address: **6440 ATLANTIC BLVD. JACKSONVILLE FL 32211**

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

3. Date Incorporated or Qualified 04/16/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3116655	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ADNEY MICHAEL D.
6440 ATLANTIC BOULEVARD
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed in Block 12 or Block 13. Registered Agent signature required in Block 10.

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KESLER, DELORES P.	
STREET ADDRESS	6730 EPPING FOREST WAY, NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEWAN DEREK E.	
STREET ADDRESS	7003 GAINES COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOFFMANN, STEPHEN A.	
STREET ADDRESS	2408 GRETEN LANE	
CITY-ST-ZIP	ANCHORAGE KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON DAVID	
STREET ADDRESS	496 FERRY PT RD.	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THUMEL WILLIAM H.	
STREET ADDRESS	917 HOLIDAY PT	
CITY-ST-ZIP	VIRGINIA BCH., VA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ADNEY MICHAEL D.	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Davis, T. Wayne	
3. STREET ADDRESS	1910 San Marco Boulevard	
4. CITY-ST-ZIP	Jacksonville, FL 32207	
5. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Baker, Roy	
7. STREET ADDRESS	2221 Segovia Avenue	
8. CITY-ST-ZIP	Jacksonville, FL 32217	
9. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Mann, Sean D.	
11. STREET ADDRESS	6440 Atlantic Boulevard	
12. CITY-ST-ZIP	Jacksonville, FL 32211	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	500001816285	
15. STREET ADDRESS	-05/10/96--01022--029	
16. CITY-ST-ZIP	***200.00	

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 if changed, or on an attachment with an address.

SIGNATURE: *Sean D. Mann*, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sean D. Mann, Vice President

4/30/96 (904) 725-5574
Date Printed Phone

CR2E034 (12/95)