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10/20

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 28 AM 11:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 32211-8724

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3116655
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: Yes No

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

9. Name and Address of Current Registered Agent
ABNEY ~~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 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	HOFFMANN, STEPHEN A.	
STREET ADDRESS	2408 GRETEN LANE	
CITY-ST-ZIP	ANCHORAGE KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON DAVID	
STREET ADDRESS	498 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 checked="" 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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KESLER, DELORES P.	
1.3 STREET ADDRESS	6730 EPPING FOREST WAY, NORTH	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	
2.1 TITLE	CEO/P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEWAN, DEREK E.	
2.3 STREET ADDRESS	7003 GAINES COURT	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	CFO/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ABNEY, MICHAEL D.	
6.3 STREET ADDRESS	6440 ATLANTIC BLVD	
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32211	

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****173.75 ****173.75

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 in an attachment with an address.

SIGNATURE: *Michael D. Abney* 4/25/97 804-725-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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ACCUSTAFF, INC

Attachment I
Additions/Changes to Officers and Directors

Title	D	Addition
Name	Davis T. Wayne	
Street Address	1910 San Marco Blvd	
City/State	Jacksonville, FL 32207	

Title	D	Addition
Name	Anderson John K.	
Street Address	1776 American Heritage Life Dr.	
City/State	Jacksonville, FL 32224	

Title	<i>D (Vice Chairman)</i>	Addition
Name	Macauley Walter M.	
Street Address	177 Crossway Park Dr.	
City/State	Woodbury, NY 11797	