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FILED  
Jan 30 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 # 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1 INDEPENDENT DRIVE	26	177 CROSSWAYS PARK DR	04/16/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3116655	
City & State		City & State		Applied For	
23 JACKSONVILLE FL		28 WOODBURY NY		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32202		29 11797		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30 NASSAU		5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		32		Yes No	

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESLER, DELORES P.	
STREET ADDRESS	8730 EPPING FOREST WAY, NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CEPC	<input type="checkbox"/> DELETE
NAME	DEWAN DEREK E.	
STREET ADDRESS	7003 GAINES COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAYNE, DAVIS T	
STREET ADDRESS	1910 SAN MARCO BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOHN K	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THUMEL WILLIAM H.	
STREET ADDRESS	917 HOLIDAY PT	
CITY-ST-ZIP	VIRGINIA BCH., VA	
TITLE	CFVS	<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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOYLE, DANIEL M.	
1.3 STREET ADDRESS	1 INDEPENDENT DRIVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TANOUS, PETER J.	
5.3 STREET ADDRESS	1 INDEPENDENT DRIVE	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202	
6.1 TITLE	CFVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ABNEY MICHAEL D	
6.3 STREET ADDRESS	One Independent Drive	
6.4 CITY-ST-ZIP	Jacksonville, FL 32202	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)