


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

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90025 045 ***150.00

000601

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29998

1. Corporation Name
MODIS PROFESSIONAL SERVICES, INC.



Principal Place of Business 1 INDEPENDENT DR JACKSONVILLE FL 32202 US	Mailing Address 177 CROSSWAYS PARK DR WOODBURY NY 11797 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3116655	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> DELETE
NAME	DOYLE DANIEL M	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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 type="checkbox"/> DELETE
NAME	TANOUS PETER J	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	CFVS	<input type="checkbox"/> DELETE
NAME	ABNEY MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHMENTS

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: _____ **7-9-99** **904-360-2704**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)



One Independent Drive · Jacksonville, Florida 32202-5060
Telephone: 904-360-2000 · Facsimile: 904-360-2814
www.modispro.com

596608-90025-45
V29998



July 6, 1999

Re: Profit Corporation Annual Report – Modis Professional Services, Inc.

Florida Department of State
Katherine Harris - Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

Gerald Robinson
Tax Director

596608-90025-45
V29998

Modis Professional Services Inc.

Officers:

Chief Executive Officer/President/Chairman

Derek E. Dewan 1 Independent Dr. Jacksonville, FL 32202

Vice President/Treasurer/Chief Financial Officer

Michael D. Abney 1 Independent Dr. Jacksonville, FL 32202

Vice President/Controller

Robert P. Crouch 1 Independent Dr. Jacksonville, FL 32202

Senior Vice President/Secretary/General Counsel

Marc M. Mayo 1 Independent Dr. Jacksonville, FL 32202

Assistant Secretary

John L. Marshall, III 1 Independent Dr. Jacksonville, FL 32202

Directors:

Derek E. Dewan 1 Independent Dr. Jacksonville, FL 32202

Michael D. Abney 1 Independent Dr. Jacksonville, FL 32202

John K. Anderson, Jr. 1 Independent Dr. Jacksonville, FL 32202

T. Wayne Davis 1 Independent Dr. Jacksonville, FL 32202

Daniel M. Doyle 1 Independent Dr. Jacksonville, FL 32202

Peter J. Tanous 1 Independent Dr. Jacksonville, FL 32202