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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V31113

(6)

1. Corporation Name

STAFF INSURANCE SYSTEMS, INC.

Principal Place of Business

Mailing Address

4010 W. STATE
SUITE 812
TAMPA FL 33609
US

4010 W. STATE
TAMPA FL 33609-1264
US



3. Date Incorporated or Qualified

04/24/1992

3a. Date of Last Report

04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 ONE ADP BLVD.

4. FEI Number

59-3119111

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 MS 433

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 City & State

ROSELAND, NJ

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

07068

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLCOMB, VICTOR W.
415 SOUTH HYDE PARK
SUITE 1745
TAMPA FL 33606

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME VOLPI, DAVID
STREET ADDRESS 3911 SWANN
CITY-ST-ZIP TAMPA FL

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME JAMES B. BENSON
1.3 STREET ADDRESS ONE ADP BLVD.
1.4 CITY-ST-ZIP ROSELAND, NJ 07068

TITLE P ☐ DELETE

NAME HARPER, WILLIAM
STREET ADDRESS 801 VALMAR ST
CITY-ST-ZIP BRANDON FL

2.1 TITLE VCD ☒ Change ☐ Addition

2.2 NAME RICHARD J. HAVILAND
2.3 STREET ADDRESS ONE ADP BLVD.
2.4 CITY-ST-ZIP ROSELAND, NJ 07068

TITLE V ☐ DELETE

NAME HOLT, WILLIAM
STREET ADDRESS 5820 DORY WAY
CITY-ST-ZIP TAMPA FL

3.1 TITLE ASD ☒ Change ☐ Addition

3.2 NAME ROBERT J. SINGER
3.3 STREET ADDRESS ONE ADP BLVD.
3.4 CITY-ST-ZIP ROSELAND, NJ 07068

TITLE ST ☐ DELETE

NAME AUST, DENNIS
STREET ADDRESS 3003 SAMARA
CITY-ST-ZIP TAMPA FL

4.1 TITLE VT ☒ Change ☐ Addition

4.2 NAME JOSEPH B. PIRRET
4.3 STREET ADDRESS ONE ADP BLVD.
4.4 CITY-ST-ZIP ROSELAND, NJ 07068

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. BENSON

Date

4/28/97

Daytime Phone #

801-994-5525

CR2E034 (9/96)