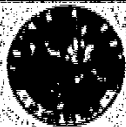


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PH 6:25

DOCUMENT # **V52343** (3)

1. Corporation Name
ADMINSTAFF OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1801 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339-3802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/22/1982** 3a. Date of Last Report **03/02/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **76-0375631** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SARVADI, PAUL J
STREET ADDRESS	19001 CRESENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX 77339
TITLE	VD
NAME	MCINTOSH, GERALD M
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX
TITLE	VD
NAME	HAMMOND, JAMES W
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX 77339
TITLE	VD
NAME	HENSEL, SCOTT C SR
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX 77339
TITLE	VD
NAME	LANGE, WILLIAM E
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX 77339
TITLE	VD
NAME	RAWSON, RICHARD G
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP	KINGSWOOD TX 77339

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Kingwood TX 77339-3802
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Kingwood, TX 77339-3802
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Kingwood, TX 77339-3802
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Kingwood, TX 77339-3802
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Kingwood, TX 77339-3802
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Kingwood, TX 77339-3802

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/13/95 (73) 359-4451

Date

Daytime Phone #