

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M96884

**Entity Name:** WAL-STAF TEMPORARY SERVICES, INC.

**Current Principal Place of Business:**

ATTN ROBERT WALTHER  
4140 N.W. 27TH LANE, STE. F  
GAINESVILLE, FL 32606

**Current Mailing Address:**

ATTN ROBERT WALTHER  
4140 N.W. 27TH LANE, STE. F  
GAINESVILLE, FL 32606

**FEI Number:** 59-2906682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTHER, ROBERT H  
4140 N.W. 27TH LANE, STE. F  
GAINESVILLE, FL 32606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            WALTHER, ROBERT H  
Address        4140 N.W. 27TH LANE, STE. F  
City-State-Zip: GAINESVILLE FL 32606

Title            VD  
Name            WALTHER, NANCY E  
Address        4140 N.W. 27TH LANE, STE. F  
City-State-Zip: GAINESVILLE FL 32606

Title            PRESIDENT  
Name            QUIRK, ERIKA W  
Address        4140 N.W. 27TH LANE, STE. F  
City-State-Zip: GAINESVILLE FL 32606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ERIKA QUIRK

**PRESIDENT**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date