

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051974

Entity Name: STS WORKFORCE SOLUTIONS, INC.**Current Principal Place of Business:**2000 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957**Current Mailing Address:**2000 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US**FEI Number:** 65-0432867**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR, CHAIRMAN
Name GREENE, ROBERT
Address 2000 N.E. JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title CEO, DIRECTOR
Name ANSON JR., PHILIP
Address 2000 N.E. JENSEN BEACH BLVD
City-State-Zip: JENSEN BEACH FL 34957

Title PRESIDENT
Name KOENIG, RICHARD
Address 2000 N.E. JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title TREASURER, SECRETARY, CFO,
DIRECTOR
Name SOMMERS, MICHAEL
Address 2000 N.E. JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name ANSON, PHILIP
Address 2000 N.E. JENSEN BEACH BLVD.
City-State-Zip: JENSEN BEACH FL 34957

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: MICHAEL C. SOMMERS**CFO****01/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date