

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 258983 (6)**

1. Corporation Name  
**PERSONAL INVESTMENTS INC**



Principal Place of Business <b>6558 DOG TRACK RD                  INTERSECTION HWY 79 &amp; HWY 20                  EBRO FL 32437                  US</b>	Mailing Address <b>6558 DOG TRACK RD                  INTERSECTION HWY 79 &amp; HWY 20                  EBRO FL 32437                  US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>05/14/1962</b>	
4. FEI Number <b>59-1162937</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEVARES, PAUL  
 INTERSECTION HIGHWAY 79 & HIGHWAY 20  
 EBRO FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DERVAES, PAUL	1.1 TITLE	VPD
NAME	DERVAES, PAUL	1.2 NAME	Hess, Stockton R.
STREET ADDRESS	2508 ROCKY POINT AVE.	1.3 STREET ADDRESS	6512 Dog Track Rd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Ebro, FL 32437
TITLE	SD HESS, STOCKTON R.	2.1 TITLE	SD
NAME	HESS, STOCKTON R.	2.2 NAME	Hess, Harry L.
STREET ADDRESS	P.O. BOX 111 N/A	2.3 STREET ADDRESS	6558 Dog Track Rd.
CITY-ST-ZIP	EBRO FL 32437	2.4 CITY-ST-ZIP	Ebro, FL 32437
TITLE	TD HARRY L. HESS	3.1 TITLE	Hess, Margaret G.
NAME	HARRY L. HESS	3.2 NAME	10102 Woodson Way
STREET ADDRESS	BOX 111 N/A	3.3 STREET ADDRESS	Tampa, FL 33618
CITY-ST-ZIP	EBRO FL	3.4 CITY-ST-ZIP	
TITLE	D HATER, ROBERT E. II	4.1 TITLE	
NAME	HATER, ROBERT E. II	4.2 NAME	
STREET ADDRESS	1330 NEEB ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	D HATER, JOHN M.	5.1 TITLE	
NAME	HATER, JOHN M.	5.2 NAME	
STREET ADDRESS	11508 TRASK S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

4-21-98 850-234-3947

CR2E034 (10/97)