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04-30-1999 90166 046 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005804

1. Corporation Name

OPERATION HANDCLASP, INC.

Principal Place of Business

1511 E. FERN ROAD
LAKELAND FL 33801

Mailing Address

1511 E. FERN ROAD
LAKELAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

- 59-3550177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOYDSTUN, DABROSKI & LYLE, P.A.
2600 NINTH STREET NORTH
2ND FLOOR
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name
WOOD, Bradley J.

82 Street Address (P.O. Box Number is Not Acceptable)
2600 Ninth Street North

83 2nd Floor

84 City
St. Petersburg

FL

85 Zip Code
33704

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Bradley J. Wood

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

(NOTE: Registered Agent signature required when reinstating)

4/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME WOOD, BRADLEY J
STREET ADDRESS 2600 NINTH STREET NORTH, 2ND FLOOR
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
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TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE D Change Addition
1.2 NAME BROWN, Eldon
1.3 STREET ADDRESS 1511 E. Fern Road
1.4 CITY-ST-ZIP Lakeland, FL 33801

2.1 TITLE D Change Addition
2.2 NAME DEAL, Steve
2.3 STREET ADDRESS 1104 Arboleda Court
2.4 CITY-ST-ZIP Tampa, FL 33604

3.1 TITLE D Change Addition
3.2 NAME EVANS, Donald J.
3.3 STREET ADDRESS 23427 Pine Lake Street
3.4 CITY-ST-ZIP Land O'Lakes, FL 34639

4.1 TITLE D Change Addition
4.2 NAME JACKSON, Leon W.
4.3 STREET ADDRESS 7303 Alta Loma Street
4.4 CITY-ST-ZIP Tampa, FL 33625

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley J. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

(727) 895-1991
Daytime Phone #

CR2E037 (1/98)