

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000017590 (5)**  
 1. Corporation Name  
**H J ASSOCIATES, INC.**



Principal Place of Business: **1715 WEST CLEVELAND STREET TAMPA FL 33606**  
 Mailing Address: **1715 WEST CLEVELAND STREET TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **10263 Gandy Boulevard North Apt. 2314 St. Petersburg FL 33702**  
 2a. Mailing Address: **SAME**  
 Suite, Apt #, etc.  
 City & State  
 23 Zip: **33702** Country: **FLORIDA**  
 24 25 28 29 30

3. Date Incorporated or Qualified: **02/24/1997**  
 4. FEI Number: **59-3445225**  
 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**  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

g. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

h. Name and Address of New Registered Agent  
 81 Harold C. Barrett  
 82 10263 Gandy Boulevard North  
 83 Apt. 2314  
 84 St. Petersburg FL 33702  
 FL 85 Zip Code: **33702**

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: **Harold C. Barrett, Pres.** **HAROLD C. BARRETT PRES** DATE: **2/1/98**

12. OFFICERS AND DIRECTORS

TITLE PD	Harold C. Barrett	<input type="checkbox"/> DELETE
NAME	10263 Gandy Blvd. North	
STREET ADDRESS	#2314	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE S/T	Jere Dando	<input type="checkbox"/> DELETE
NAME D	10263 Gandy Blvd. North	
STREET ADDRESS	#2314	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: **HAROLD C. BARRETT PRES** DATE: **2/1/98** **813**  
**578-8450**

CR2E034 (10/97)