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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 579373

101

1. Corporation	RENTALS & SALES OF CLI	\ <i>\</i>			BIBN BIBN BIBN BIBN BIBN BIBN BIBN
Principal Plac	ce of Business	Mailing Address	,	1 183131 0 841 1300 10138 1 441 1830 1 441 8 40 1	BIBIH DIDH DIBH DIBH IDD
3445 E. BAY DRIVE 3445 E. BAY DRIVE					
LARGO FL 34641 LARGO FL 34641					
				DO NOT WRITE IN T	HIS SPACE
				 Date Incorporated or Qualified 07/12/1978 	
2. Principal Place of Business 2a, Mailing Address				4, FEI Number	Applied For
21		-		59-1836106	Not Applicable
─ ,		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
22] 27				g, Obtinidate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28	Country	8. This corporation owes or has paid the	Added to Fees
24	25	29 33771	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Currer		1001	10. Name and Address of New Registe	
HOLCOMBE, NORMAN W. 81 Name					
1854 KENDALL DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u> </u>
CLEARWATER FL 33516			1/08	QUIF BIVD SIE	30/
			83		
			84 City	0.01	85 Zip Code
			TNOW	7 / \	FL 33785
office or r agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	22 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above-named corp authorized by the corpora lorida Statutes.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE					
		TE: Registered Agent signature requi			
12.	P OFFICERS AIN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	HOLCOMBE, JOHN W.	_	1.2 NAME		
STREET ADDRESS	3001 CEDAR TRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	ST	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLCOMBE, NORMAN W.		2.2 NAME		
STREET ADDRESS	1108 QULF BLVD. STE 301		2.3 STREET ADDRESS //	08 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	HAWKINS, MARY		3.2 NAME		
STREET ADDRESS	1 19TH AVE UNIT 2		3.3 STREET ADDRESS		
CITY+ST-ZIP	INDIAN ROCKS BCH FL	T DELETE	3.4. CITY-ST-ZIP		Channe Addition
TITLE NAME		L_J DELETE	4.1 TITLE 4. 2 NAME		L Change L Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		- —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			. 6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		

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 of 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.

CITY-ST-ZIP

(813) 536 5803

FILED

Mar 25 1998 8:00am

Secretary of State