

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

FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 303591 (2)  
1. Corporation Name  
LEN HAZEN, PAINTERS, INC.



Principal Place of Business 3 HAY ROAD P.O. BOX 280 FT. OGDEN FL 33842	Mailing Address 3 HAY ROAD P.O. BOX 280 FT. OGDEN FL 33842
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10730 SW HAY AVE Suite, Apt. #, etc. 22 City & State 23 Zip 34267 Country		2a. Mailing Address 26 10730 SW HAY AVE Suite, Apt. #, etc. 27 City & State 28 Zip 34267 Country		3. Date Incorporated or Qualified 04/04/1966	
4. FEI Number 59-1147184		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. 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 HAZEN, LEONARD M. 3 HAY ROAD FT. OGDEN FL 33842		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10730 SW HAY AVE 83 84 City FL 85 Zip Code 34267	
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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	VD	1.1 TITLE	P, S, T, D, V
NAME	HAZEN, LEONARD M.	1.2 NAME	Hazen, Leonard M
STREET ADDRESS	3 HAY ROAD	1.3 STREET ADDRESS	10730 SW Hay Ave
CITY - ST - ZIP	FT. OGDEN FL	1.4 CITY - ST - ZIP	Fort Ogdén, FL 34267
TITLE	PST	2.1 TITLE	
NAME	HAZEN, ELIDA M.	2.2 NAME	
STREET ADDRESS	3 HAY ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. OGDEN FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	D
NAME	HAZEN, ELIDA M.	3.2 NAME	Hazen, Elida M
STREET ADDRESS	3 HAY ROAD	3.3 STREET ADDRESS	10730 SW Hay Ave
CITY - ST - ZIP	FT. OGDEN FL	3.4 CITY - ST - ZIP	Fort Ogdén FL 34267
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 \_\_\_\_\_ DATE APR 07 1998

CR2E034 (10/97)