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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 394924 (5)
 1. Corporation Name
HDA SERVICE CORPORATION



Principal Place of Business: 127 7TH AVENUE NE UNIT E ST. PETERSBURG FL 33701-2517 US
 Mailing Address: 127 7TH AVENUE NE UNIT E ST. PETERSBURG FL 33701-2517 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 112 Greenwood Road, Suite, Apt. #, etc.
 22 City & State: Spruce Pine, NC
 23 Zip: 28777, Country: USA
 2a. Mailing Address: 26 P. O. Box 948, Suite, Apt. #, etc.
 27 City & State: Spruce Pine, NC
 28 Zip: 28777-0948, Country: USA
 3. Date Incorporated or Qualified: 01/26/1972
 4. FEI Number: 59-1387582
 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

9. Name and Address of Current Registered Agent: AYLESWORTH, DEBORAH D. 127 7TH AVE UNIT E ST. PETERSBURG FL 33701
 10. Name and Address of New Registered Agent: 81 Name: Resident Agent Corporation of Pinellas, 82 Street Address (P.O. Box Number is Not Acceptable): 980 Tyrone Blvd., 83, 84 City: St. Petersburg, FL, 85 Zip Code: 33710

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: *Deborah D. Aylesworth* Vice President, Date: 4/20/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYLESWORTH, DEBORAH	1.2 NAME	
STREET ADDRESS	127 7TH AVE., N.E., APT. E	1.3 STREET ADDRESS	McKinney Mine Road
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Little Switzerland, NC 28749-0476
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Deborah D. Aylesworth* Deborah D. Aylesworth, Pres. April 15, 1998 (828) 766-8002

CR2E034 (10/97)