

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

FILED
Apr 23 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 # **426701** (9)
1. Corporation Name
FPS, INC.

Principal Place of Business 5300 W. CYPRESS ST., #250 P. O. BOX 24168 TAMPA FL 33623-1168	Mailing Address P.O. BOX 24168 P. O. BOX 24168 TAMPA FL 33623-4168 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/24/1973
24		25		4. FEI Number 59-1679416
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**COPPAGE, REESE
5300 W CYPRESS ST, STE 250
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPAGE, REESE	1.2 NAME	
STREET ADDRESS	1112 CULBREATH ISLES DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPAGE, MARTHA ANN	2.2 NAME	
STREET ADDRESS	1112 CULBREATH ISLES DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPAGE, JAMES T.	3.2 NAME	
STREET ADDRESS	248 CASCADE ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS GA	3.4 CITY- ST- ZIP	
TITLE		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		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		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: *Reese Coppage* **REESE COPPAGE,**
PRESIDENT 4/17/98 83/28-0091

CR2E034 (10/97)