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Jan 29 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 # **549460** **(4)**

1. Corporation Name
DOWELS, PINS & SHAFTS, INC.

Principal Place of Business	Mailing Address
1975 CALUMET ST. CLEARWATER FL 34625 US	PO BOX 1135 DUNEDIN FL 34698-135 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/18/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1780438 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33765 Country 24 25	Zip 34698-1135 Country 29 30	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	10. Name and Address of New Registered Agent
MICKELSON, THOMAS & ELLEN 1975 CALUMET ST CLEARWATER FL 34625	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICKELSON, THOMAS R		1.2 NAME	
STREET ADDRESS	2182 PADDOCK CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MICKELSON, ELLEN F		2.2 NAME	
STREET ADDRESS	2182 PADDOCK CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MICKELSON, ELLEN F		3.2 NAME	
STREET ADDRESS	2182 PADDOCK CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, BRIDGET		4.2 NAME	
STREET ADDRESS	698 STILL MEADOWS CIRCLE E		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MICKELSON, KEVIN		5.2 NAME	
STREET ADDRESS	2182 PADDOCK CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ 1/22/98 (813)446-4255