

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

FILED
Feb 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
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DOCUMENT # 575120 (1)
1. Corporation Name
RIMBEY, HOWELL AND RIMBEY, INC.

Principal Place of Business 222 BULLARD PKWY P O BOX 16189 TAMPA FL 33617-5512	Mailing Address 222 BULLARD PKWY P O BOX 16189 TAMPA FL 33617-5512
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9385 56th St. N. Suite, Apt. #, etc. 22 SUITE 205 City & State 23 TEMPLE TERRACE FL Zip 24 33617		2a. Mailing Address 26 P.O. BOX 16189 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33687		3. Date Incorporated or Qualified 06/01/1978	
25 Hillsborough		30 Hillsborough		4. FEI Number 59-1824227	
				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	
				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 HOWELL, PAUL N. 222 BULLARD PKWY 322 SUNNYSIDE RD TEMPLE TERRACE FL 33617				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 9385 56th St. N. SUITE 205	
				83	
				84 City Temple Terrace	
				85 Zip Code 33617	

11. Pursuant to the provisions of Sections 607.0102 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

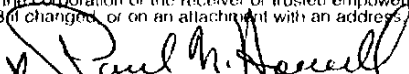
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIMBEY, BRAD W			1.2 NAME			
STREET ADDRESS	6119 E 112TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL			1.4 CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWELL, PAUL N.			2.2 NAME			
STREET ADDRESS	322 SUNNYSIDE ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL			2.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JAMES N.			3.2 NAME			
STREET ADDRESS	6407 113TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCULL, WILLIAM L			4.2 NAME			
STREET ADDRESS	18248 CLEARLAKE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL			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:  PAUL N. HOWELL 2/20/98 813 988 1821

CR2E034 (1097)