

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

FILED
May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **607581** (6)
1. Corporation Name
SOUTH BAY CONTRACTING, INC.

Principal Place of Business 6001 NORTH 50TH STREET TAMPA FL 33610	Mailing Address 6001 NORTH 50TH STREET TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1979	
4. FEI Number 59-2127536	Applied For <input type="checkbox"/> 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
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	

2. Principal Place of Business 21 5009 E. Hanna Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33570	2a. Mailing Address 26 508 E. Shellpoint Rd. Suite, Apt. #, etc. 27 City & State 28 Ruskin, FL Zip 29 33570 Country 25 USA 30
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9. Name and Address of Current Registered Agent LARKIN, PATRICK J. 6001 NORTH 50TH STREET TAMPA FL 33610	
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10. Name and Address of New Registered Agent 81 Name Charles R. Simmons 82 Street Address (P.O. Box Number is Not Acceptable) 508 E. Shellpoint Road 83 Ruskin, FL 33570 84 City 85 Zip Code FL 33570	
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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 Charles R. Simmons

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TSD <input checked="" type="checkbox"/> DELETE
NAME	LARKINS, PATRICK J
STREET ADDRESS	1 PENNISULAR DR.
CITY-ST-ZIP	LAND O'LAKES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SIMMONS, C. R.
STREET ADDRESS	508 EAST SHELLPOINT ROAD
CITY-ST-ZIP	RUSKIN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dean Simmons
1.3 STREET ADDRESS	508 E. Shellpoint Road
1.4 CITY-ST-ZIP	Ruskin, FL 33570
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002534771
6.3 STREET ADDRESS	-05/26/98--01035--007
6.4 CITY-ST-ZIP	***150.00

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: Dean Simmons **4698** **508** **813-645-1447**

CR2E034 (10/97)