

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **686820** (2)
1. Corporation Name
TIDWELLS' URETHANE FOAM SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1818 W OLIVE ST P. O. BOX 950 LAKELAND FL 33802	Mailing Address 1818 W OLIVE ST- P. O. BOX 950 LAKELAND FL 33802
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2. Principal Place of Business 21 2038 H. Olive St. Suite, Apt. #, etc. 22 City & State 23 Lakeland, FL Zip 24 33815 County 25 Polk		2a. Mailing Address 26 P.O. Box 950 Suite, Apt. #, etc. 27 City & State 28 Lakeland, FL Zip 29 33802 Country 30 FL		3. Date Incorporated or Qualified 09/08/1980	
g. Name and Address of Current Registered Agent TIDWELL, COMER W 1818 W OLIVE STREET LAKELAND FL 33801		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		4. FEI Number 59-2018812 Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	

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 *Comer W. Tidwell* DATE *5-4-98*
Signature of the person authorized to change the registered agent and the registered office (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, DAVID WESLEY	1.2 NAME	
STREET ADDRESS	1015 MONROE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, COMER WADE	2.2 NAME	
STREET ADDRESS	253 HOWARD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, III MAX GORDON	3.2 NAME	
STREET ADDRESS	727 KENSINGTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTZ, LOIS F.	4.2 NAME	
STREET ADDRESS	1827 TRISTRAM	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 *David W. Tidwell* DATE *5-4-98*
Signature of the person authorized to change the registered agent and the registered office (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)