


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747377 ✓

1. Corporation Name
HILLSBOROUGH COUNTY SHERIFF'S SERTOMA, INC.

Principal Place of Business 2008 E. 8TH AVENUE TAMPA FL 33605	Mailing Address 2008 E. 8TH AVENUE TAMPA FL 33605
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 1319 BOGIE DRIVE Suite, Apt. #, etc. 27 City & State 28 TAMPA, FLORIDA Zip 29 33612 Country 30 USA	3. Date Incorporated or Qualified 05/25/1979	4. FEI Number 59-2593463 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	

9. Name and Address of Current Registered Agent DIAZ, BECKY 2008 E. 8TH AVE TAMPA FL 33605	10. Name and Address of New Registered Agent 81 Name JERRY W. LEGGETT, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 10306 BIG BENO ROAD 83 LOT 139 84 City RIVERVIEW FL 85 Zip Code 33569
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jerry W. Leggett, Jr. DATE AUGUST 25, 1999

Signature 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGETT, JERRY	1.2 NAME	
STREET ADDRESS	2008 E 8TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	MARIA PARKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGGETT, ANGELA	2.2 NAME	2008 8TH AVENUE
STREET ADDRESS	2008 E 8TH AVENUE	2.3 STREET ADDRESS	TAMPA, FLORIDA 33605
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	GEORGE WIEHLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKY DIAZ	3.2 NAME	1319 BOGIE DRIVE
STREET ADDRESS	2008 E. 8TH AVENUE	3.3 STREET ADDRESS	TAMPA, FLORIDA 33612
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ANGELA LEGGETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY, PAZ	4.2 NAME	10306 BIG BENO RO. #139
STREET ADDRESS	2008 E. 8TH AVENUE	4.3 STREET ADDRESS	RIVERVIEW FLORIDA 33569
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DEBRA OSTERBROCK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE CARTER	5.2 NAME	2008 E. 8TH AVENUE
STREET ADDRESS	2008 E. 8TH AVENUE	5.3 STREET ADDRESS	TAMPA, FLORIDA 33605
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	JANE THOMPSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLEY, JOHN	6.2 NAME	2008 E. 8TH AVENUE
STREET ADDRESS	10009 E. SLIGH AVE.	6.3 STREET ADDRESS	TAMPA, FLORIDA 33605
CITY-ST-ZIP	TAMPA FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry W. Leggett, Jr. DATE AUGUST 25, 1999 813-677-3489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)