

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

FILED
Apr 27 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 # H 13265

Firststate Service Corporation

Principal Place of Business **Mailing Address**
111 Second Avenue NE **111 Second Avenue NE**
St Petersburg FL 33701 **St Petersburg FL 33701**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State	26. State, Apt. #, etc.	7/23/84	4/28/97
22. City & State	27. City & State	4. FIC Number	Applied For
23. Zip	28. Zip	59-2446576	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Christopher M. Hunter 111 Second Avenue NE St Petersburg FL 33701	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	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 officer or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ **(DATE)** _____ **(DATE)** _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																												
<table border="1"> <tr> <td>11. NAME</td> <td>D/P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12. STREET ADDRESS</td> <td>John W. Sapanski</td> <td></td> </tr> <tr> <td>13. CITY, ST, ZIP</td> <td>111 Second Avenue NE</td> <td></td> </tr> <tr> <td></td> <td>St Petersburg FL 33701</td> <td></td> </tr> <tr> <td>14. TITLE</td> <td>D/VP/T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>15. NAME</td> <td>William F. Falzone</td> <td></td> </tr> <tr> <td>16. STREET ADDRESS</td> <td>111 Second Avenue NE</td> <td></td> </tr> <tr> <td>17. CITY, ST, ZIP</td> <td>St Petersburg FL 33701</td> <td></td> </tr> <tr> <td></td> <td>D/VP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>18. NAME</td> <td>Michael E. Johnson</td> <td></td> </tr> <tr> <td>19. STREET ADDRESS</td> <td>111 Second Avenue NE</td> <td></td> </tr> <tr> <td>20. CITY, ST, ZIP</td> <td>St Petersburg FL 33701</td> <td></td> </tr> <tr> <td></td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>21. NAME</td> <td>Christopher M Hunter</td> <td></td> </tr> <tr> <td>22. STREET ADDRESS</td> <td>111 Second Avenue NE</td> <td></td> </tr> <tr> <td>23. CITY, ST, ZIP</td> <td>St Petersburg FL 33701</td> <td></td> </tr> </table>	11. NAME	D/P	<input type="checkbox"/> DELETE	12. STREET ADDRESS	John W. Sapanski		13. CITY, ST, ZIP	111 Second Avenue NE			St Petersburg FL 33701		14. TITLE	D/VP/T	<input type="checkbox"/> DELETE	15. NAME	William F. Falzone		16. STREET ADDRESS	111 Second Avenue NE		17. CITY, ST, ZIP	St Petersburg FL 33701			D/VP	<input type="checkbox"/> DELETE	18. NAME	Michael E. Johnson		19. STREET ADDRESS	111 Second Avenue NE		20. CITY, ST, ZIP	St Petersburg FL 33701			S	<input type="checkbox"/> DELETE	21. NAME	Christopher M Hunter		22. STREET ADDRESS	111 Second Avenue NE		23. CITY, ST, ZIP	St Petersburg FL 33701		<table border="1"> <tr> <td>11. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12. NAME</td> <td></td> <td></td> </tr> <tr> <td>13. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>14. CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>15. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>16. NAME</td> <td></td> <td></td> </tr> <tr> <td>17. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>18. CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>19. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>20. NAME</td> <td></td> <td></td> </tr> <tr> <td>21. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>22. CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>23. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>24. NAME</td> <td></td> <td></td> </tr> <tr> <td>25. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>26. CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>27. NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>28. NAME</td> <td></td> <td></td> </tr> <tr> <td>29. STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>30. CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. NAME			13. STREET ADDRESS			14. CITY, ST, ZIP			15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	16. NAME			17. STREET ADDRESS			18. CITY, ST, ZIP			19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	20. NAME			21. STREET ADDRESS			22. CITY, ST, ZIP			23. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	24. NAME			25. STREET ADDRESS			26. CITY, ST, ZIP			27. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	28. NAME			29. STREET ADDRESS			30. CITY, ST, ZIP		
11. NAME	D/P	<input type="checkbox"/> DELETE																																																																																																											
12. STREET ADDRESS	John W. Sapanski																																																																																																												
13. CITY, ST, ZIP	111 Second Avenue NE																																																																																																												
	St Petersburg FL 33701																																																																																																												
14. TITLE	D/VP/T	<input type="checkbox"/> DELETE																																																																																																											
15. NAME	William F. Falzone																																																																																																												
16. STREET ADDRESS	111 Second Avenue NE																																																																																																												
17. CITY, ST, ZIP	St Petersburg FL 33701																																																																																																												
	D/VP	<input type="checkbox"/> DELETE																																																																																																											
18. NAME	Michael E. Johnson																																																																																																												
19. STREET ADDRESS	111 Second Avenue NE																																																																																																												
20. CITY, ST, ZIP	St Petersburg FL 33701																																																																																																												
	S	<input type="checkbox"/> DELETE																																																																																																											
21. NAME	Christopher M Hunter																																																																																																												
22. STREET ADDRESS	111 Second Avenue NE																																																																																																												
23. CITY, ST, ZIP	St Petersburg FL 33701																																																																																																												
11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
12. NAME																																																																																																													
13. STREET ADDRESS																																																																																																													
14. CITY, ST, ZIP																																																																																																													
15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
16. NAME																																																																																																													
17. STREET ADDRESS																																																																																																													
18. CITY, ST, ZIP																																																																																																													
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
20. NAME																																																																																																													
21. STREET ADDRESS																																																																																																													
22. CITY, ST, ZIP																																																																																																													
23. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
24. NAME																																																																																																													
25. STREET ADDRESS																																																																																																													
26. CITY, ST, ZIP																																																																																																													
27. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																											
28. NAME																																																																																																													
29. STREET ADDRESS																																																																																																													
30. CITY, ST, ZIP																																																																																																													

50000250270
-04/28/98--01050--013
*****1350.00**

Handwritten signature/initials

14. Pursuant to the provisions of Section 607.0502, Florida Statutes, I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been approved by the board of directors of the corporation.

SIGNATURE *x Christopher M. Hunter* **Christopher M. Hunter, Secretary 4/10/98 813-823-7300**

CR2E034 (9/96)