

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

FILED

**Apr 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 # H64636 (4)
1. Corporation Name
FLOOD INVESTMENTS, INC.



Principal Place of Business 1422 58TH ST S GULF PORT FL 33707 US	Mailing Address 10521 LAKE WILLIAMS ODESSA FL 33556 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 2816 SKIMMER PT DR.
22 City & State	27 GULFPORT FL
23 Zip	28 City & State
24 Country	29 Zip 33707
25	30 Country US

3 Date Incorporated or Qualified 07/01/1985
4 FEI Number 59-2549737
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
**FLOOD, JOHN J.
10521 LAKE WILLIAMS DR.
ODESSA FL 33556**

10. Name and Address of New Registered Agent


81 Name FLOOD, JOHN J
82 Street Address (P.O. Box Number is Not Acceptable) 2816 SKIMMER POINT DRIVE
83
84 City GULFPORT FL 85 Zip Code 33707

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 _____ DATE _____
Signature, typed or printed name 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, JOHN J.	1.2 NAME	
STREET ADDRESS	10521 LAKE WILLIAMS DR.	1.3 STREET ADDRESS	2816 SKIMMER PT DRIVE
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	GULFPORT FL 33707
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, ELIZABETH P.	2.2 NAME	
STREET ADDRESS	10521 LAKE WILLIAMS DR.	2.3 STREET ADDRESS	2816 SKIMMER PT DRIVE
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	GULFPORT FL 33707
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **JOHN J FLOOD**
4/15/98 (813) 345-1165

CR2E034 (10/97)