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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # H92947

(1)

SOIL MASTERS LAND DEVELOPMENT, INC.

ARMSTRONG, SANDRA

ZEPHYRHILLS FL

38919 OITS ALLEN ROAD

Mailing Address Principal Place of Business P O BOX 1115 38919 OTIS ALLEN RD ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33539 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1986 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For Not Applicable 59-2649563 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 25 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent EDDY, ROBERT K. P.A. 777 S HARBOUR ISLD BLVD #220 82 Street Address (P.C. Box Number is Not Acceptable) SUITE 203 TAMPA FL 33602 City 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 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE Addition 1.1 TITLE TITLE 1.2 NAME ARMSTRONG, FRED NAME 38919 OTIS ALLEN ROAD 1.3 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE 4. 2 NAME

51 TIFLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

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2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 4. 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 all actiminal with an address.

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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m. 22.1998 (813) 208-5369

Change

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FILED

May 07 1998 8:00am

Secretary of State