


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

FILED
Feb 05 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 # L56074 (2) 1. Corporation Name PRO-TEM SERVICES, INC.					
Principal Place of Business C/O WALTER NEAL REEVES 5001 W LEMON ST #100 TAMPA FL 33609-1103 US			Mailing Address C/O WALTER NEAL REEVES 5001 W LEMON ST #100 TAMPA FL 33609-1103 US		
2. Principal Place of Business 21 1211 N. WESTSHORE BLVD. Suite, Apt. #, etc. 22 SUITE #102 City & State 23 TAMPA FL Zip 24 33607-4601		2a. Mailing Address 25 1211 N. WESTSHORE BLVD. Suite, Apt. #, etc. 27 SUITE #102 City & State 28 TAMPA FL Zip 29 33607-4601		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent REEVES, WALTER NEAL 1620 WOODFIELD CT LUTZ FL 33549					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PTD NAME REEVES, WALTER NEAL STREET ADDRESS 1620 WOODFIELD CT CITY - ST - ZIP LUTZ FL 33549 TITLE VSD NAME REEVES, ELAINE ELLEN STREET ADDRESS 1620 WOODFIELD CT CITY - ST - ZIP LUTZ FL 33549 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1990	
4. FEI Number 59-2998837	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: *Walter N. Reeves* WALTER N. REEVES 1-5-98 R13-281-0118

CR2E034 (10/97)