SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



M49116

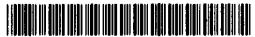
DOCUMENT # PORT-LARGO SAND BLASTING, INC. FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

## **FILED** Aug 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
•					
C/O ROBERT L		C/O ROBERT LAIRD			
402 MAHOGANY CIR. KEY LARGO FL 33037		402 MAHOGANY CIR. KEY LARGO FL 33037			DO NOT WRITE IN THIS SPACE
1121 54100 12	. *****	1127 24100 12 4504	HET EMICO TE 99007		3. Date Incorporated or Qualified
					03/26/1987
2. Principal P	lace of Business	2a. Mailing Address			4. FÉI Number Applied For
21		26	26		<b>59-2790215</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8 75 Additional
22		[27]	[27]		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		[28]			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr		8. This corporation owes or has paid the current year Intangible
24	25	29 3	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Registered Agent
LAIR	d, <b>rob</b> ert		81	Name	
	MAHOGANY CIR.		82	Street Ac	Idress (P.O. Box Number is Not Acceptable)
	LARGO FL 33037			000.7.	across () to a box (submissor to the first to be present)
1121			83	1	
			84	City	FL 85 Zip Code
office or	registered agent, or both, in the	Sate of Flo Via. Such change was au	tnorized b	y the corpor	ation's board of directors. I hereby accept the appointment as registered
11. Pursuant to the provisions of sections 607 (602 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, subjection of the corporation of the purpose of changing its registered of the corporation of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling)  DATE					
12.		RS AND DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	LAIRD, ROBERT		1.2 NAME		
STREET ADDRESS	402 MAHOGANY CIR.		1.3 STREE	TADDRESS	
CITY-ST-ZIP	KEY LARGO FL		1,4 CITY-5	ST-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS		2.		TADDRESS	<b>14.</b>
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	
TITLE	DELETE		3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			4	T ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		Change Addition
NAME			4.2 NAME		Stange La (Manar)
STREET ADDRESS				T ADDRESS	
			4.4 CITY-5	1	
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
ME		C.J VECETE	5.2 NAME		Onlings Addition
STREET ADDRESS				T ADDRESS	
			5.4 CITY-5		
CITY-ST-ZIP		Detete	6.1 TITLE	) 1-4-IF	Change Addition
NAME			6.2 NAME		Change L Adultion
TREET ADDRESS				TADDRESS	
				i	
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	1-212	

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 ennual 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?