

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004393 (1)**

1. Corporation Name

THAP ENTERPRISE GROUP, INC.



Principal Place of Business 5015 N 22ND ST TAMPA FL 33610		Mailing Address 5015 N 22ND ST TAMPA FL 33610		3. Date Incorporated or Qualified 08/01/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-346 2233	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip		25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Zip		27. Country		9. Name and Address of Current Registered Agent	
28. Zip		29. Country		10. Name and Address of New Registered Agent	
30. Zip		31. Country		81. Name	
32. Zip		33. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
34. Zip		35. Country		83. City	
36. Zip		37. Country		84. City	
38. Zip		39. Country		85. Zip Code	
40. Zip		41. Country		FL	
42. Zip		43. Country		85. Zip Code	
44. Zip		45. Country		85. Zip Code	
46. Zip		47. Country		85. Zip Code	
48. Zip		49. Country		85. Zip Code	
50. Zip		51. Country		85. Zip Code	
52. Zip		53. Country		85. Zip Code	
54. Zip		55. Country		85. Zip Code	
56. Zip		57. Country		85. Zip Code	
58. Zip		59. Country		85. Zip Code	
60. Zip		61. Country		85. Zip Code	
62. Zip		63. Country		85. Zip Code	
64. Zip		65. Country		85. Zip Code	
66. Zip		67. Country		85. Zip Code	
68. Zip		69. Country		85. Zip Code	
70. Zip		71. Country		85. Zip Code	
72. Zip		73. Country		85. Zip Code	
74. Zip		75. Country		85. Zip Code	
76. Zip		77. Country		85. Zip Code	
78. Zip		79. Country		85. Zip Code	
80. Zip		81. Country		85. Zip Code	
82. Zip		83. Country		85. Zip Code	
84. Zip		85. Country		85. Zip Code	
86. Zip		87. Country		85. Zip Code	
88. Zip		89. Country		85. Zip Code	
90. Zip		91. Country		85. Zip Code	
92. Zip		93. Country		85. Zip Code	
94. Zip		95. Country		85. Zip Code	
96. Zip		97. Country		85. Zip Code	
98. Zip		99. Country		85. Zip Code	
100. Zip		101. Country		85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (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	COLE, ROBERT SR	1.2 NAME	
STREET ADDRESS	11719 TOM FOLSOM RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33592	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, ROBERT	2.2 NAME	
STREET ADDRESS	4424 ATWATER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, GEORGE W	3.2 NAME	
STREET ADDRESS	5095 E PALM AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LOUIS	4.2 NAME	
STREET ADDRESS	222 FAITHWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, JAMES A	5.2 NAME	
STREET ADDRESS	2505 19TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ROBERT R	6.2 NAME	
STREET ADDRESS	3804 RIVERGROVE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Cole*

CR2E037 (10/97)