

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

FILED

May 12 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 # P32661 (1)
1. Corporation Name
HYDROBLASTING, INC.

Principal Place of Business
PO BOX 526
MULBERRY FL 33860

Mailing Address
PO BOX 526
MULBERRY FL 33860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1991	
21		26		4. FEI Number 59-2982938	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, MICHAEL G
100 SE 7TH AVE
MULBERRY FL 33860

> Change AS INDICATED
TO THE RIGHT ->

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 3000 HWY 37 SOUTH
83	
84	City MULBERRY
85	Zip Code 33860

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VB
NAME	MURPHY, JIM	1.2 NAME	MURPHY JIM
STREET ADDRESS	100 S.E. 7TH AVE.	1.3 STREET ADDRESS	3000 HWY 37 SOUTH
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	SD	2.1 TITLE	MURPHY, SEAN
NAME	MURPHY, SEAN	2.2 NAME	MURPHY, SEAN
STREET ADDRESS	100 S.E. 7TH AVE.	2.3 STREET ADDRESS	3000 HWY 37 SOUTH
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D	3.1 TITLE	PD
NAME	MICHAEL, MURPHY F	3.2 NAME	MURPHY, MICHAEL F
STREET ADDRESS	100 SE 7 AVE	3.3 STREET ADDRESS	3000 HWY 37 SOUTH
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D	4.1 TITLE	D
NAME	MURPHY, VICTORIA	4.2 NAME	MURPHY, VICTORIA
STREET ADDRESS	100 SE 7 AVE	4.3 STREET ADDRESS	3000 HWY 37 SOUTH
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP	MULBERRY, FL 33860
TITLE		5.1 TITLE	VT
NAME		5.2 NAME	MURPHY, MICHAEL G
STREET ADDRESS		5.3 STREET ADDRESS	3000 HWY 37 SOUTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE		6.1 TITLE	
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: Michael G. Murphy MICHAEL G MURPHY 30 APR 98

CR2E034 (10/97)