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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000003406 (4) SILVERNAIL ENTERPRISES, INC. Mailing Address Principal Place of Business 3245 TYRONE BOULEVARD 3245 TYRONE BLVD ST. PETERSBURG FL 33710 SHITE 9 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33710 US a. Date Incorporated or Qualified 01/14/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 26 59-1611603 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes □ Ño Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SILVERNAIL, GEORGE L JR 3245 TYRONE BLVD Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33410 83 84 City Zip Code 1. 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, typed or printed name of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE SILVERNAIL, GEORGE JR. 1.2 NAME NAME STREET ADDRESS 3245 TYRONE BOULEVARD 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 City-ST-ZIP Change DELETE 2.1 TITLE Addition SILVERNAIL, JANELL NAME 2.2 NAME 3245 TYRONE BOULEVARD 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE Change TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption signed in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report of true and accurate and that my fignature 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 trusteed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Mar 30 1998 8:00am

Secretary of State