

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 07 1998 8:00a Secretary of State	
DOCUMENT # 93000023729					
1. Corporation Name: H.T. NENEY ENTERPRISES, INC. DBA ALAM SUBCONTRACTORS, INC.					
Principal Place of Business 5545 95th N. St. Petersburg, FL 33703		Mailing Address Same.			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1993	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 57-3176409	
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	
24. Country		29. Country		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	
9. Name and Address of Current Registered Agent H.T. NENEY 860 37th Ave N. St. Petersburg, FL 33704				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature of principal officer or director, or registered agent, or both, if applicable				83.	
(NOTE: Registered Agent's signature required when installing)				84. City	
DATE				85. Zip Code	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE H.T. NENEY PRES <input type="checkbox"/> DELETE				13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME 860 37th Ave N.				13.2 NAME	
12.3 STREET ADDRESS St. Petersburg, FL 33704				13.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP				13.4 CITY-STATE-ZIP	
12.5 TITLE V.P. <input type="checkbox"/> DELETE				13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME DENNIS LEWIS				13.6 NAME	
12.7 STREET ADDRESS ANATA (3410) DR				13.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP 24th HILLS, FL 33541				13.8 CITY-STATE-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE				13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME				13.10 NAME	
12.11 STREET ADDRESS				13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP				13.12 CITY-STATE-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE				13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME				13.14 NAME	
12.15 STREET ADDRESS				13.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP				13.16 CITY-STATE-ZIP	
12.17 TITLE <input type="checkbox"/> DELETE				13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME				13.18 NAME	
12.19 STREET ADDRESS				13.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP				13.20 CITY-STATE-ZIP	
12.21 TITLE <input type="checkbox"/> DELETE				13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.22 NAME				13.22 NAME	
12.23 STREET ADDRESS				13.23 STREET ADDRESS	
12.24 CITY-STATE-ZIP				13.24 CITY-STATE-ZIP	
12.25 TITLE <input type="checkbox"/> DELETE				13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.26 NAME				13.26 NAME	
12.27 STREET ADDRESS				13.27 STREET ADDRESS	
12.28 CITY-STATE-ZIP				13.28 CITY-STATE-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: H.T. NENEY 18024 240-95 815270533					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (10/97)