

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

FILED
Apr 13 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 # P93000060332 (2)

1. Corporation Name

NEAL SAMUEL SERVICES, INC.



Principal Place of Business

50 COUNTRY CLUB RD
SHALIMAR FL 32579

Mailing Address

50 COUNTRY CLUB RD
SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	249 Country Club Rd	26	249 Country Club Rd.	08/25/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3199320	
City & State		City & State		Applied For	
23		28		Not Applicable	
Shalimar, FL		Shalimar, FL		5. Certificate of Status Desired	
Zip	Country	Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	32579	25	USA	6. Election Campaign Financing	
				Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent

HULL, MICHEAL S
50 COUNTRY CLUB RD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81	Name	HULL, MICHEAL S.
82	Street Address (P.O. Box Number is Not Acceptable)	249 Country Club Rd
83		
84	City	SHALIMAR
85	Zip Code	FL 32579

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  MICHEAL S. HULL DATE 3-28-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D-VP
NAME	HULL, MICHEAL S	1.2 NAME	HULL, MICHEAL S
STREET ADDRESS	50 COUNTRY CLUB RD	1.3 STREET ADDRESS	249 Country Club Rd.
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	Shalimar - FL - 32579
TITLE	D	2.1 TITLE	D-P
NAME	HULL, PATRICIA N	2.2 NAME	HULL, PATRICIA N
STREET ADDRESS	50 COUNTRY CLUB RD	2.3 STREET ADDRESS	249 Country Club Rd.
CITY-ST-ZIP	SHALIMAR FL 32579	2.4 CITY-ST-ZIP	Shalimar - FL - 32579
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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  MICHEAL S. HULL DATE 3/28/98

CR2E034 (10/97)