


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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000068832 (3) 1. Corporation Name MR. ROOTER OF ST. AUGUSTINE, INC.		

Principal Place of Business 1005 N CENTRAL AVE FLOLER BEACH FL 32136	Mailing Address 1005 N CENTRAL AVE FLOLER BEACH FL 32136
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2. Principal Place of Business 21 587 JOHN HANCOCK ST Suite, Apt. #, etc. 22 City & State 23 ORANGE PARK FL Zip 24 32073	2a. Mailing Address 25 Suite, Apt. #, etc. 26 PO BOX 5304 City & State 27 ST AUGUSTINE FL Zip 28 32085
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9. Name and Address of Current Registered Agent SINCLAIR, JAMES W 1005 N CENTRAL AVE FLOLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/27/1993	
4. FEI Number 59-3227844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	
10. Name and Address of New Registered Agent	
81 Name SINCLAIR JAMES W	
82 Street Address (P.O. Box Number is Not Acceptable) 587 JOHN HANCOCK ST	
83	
84 City ORANGE PARK	85 Zip Code 32073

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: *James W. Sinclair* DATE: 4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINCLAIR, JAMES W 1005 N CENTRAL AVE FLOLER BEACH FL 32136 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SINCLAIR JAMES W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 5304 ST AUGUSTINE FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDEN, RICHARD D 720 TOWN LINE RD JOHNSON CITY NY 13790 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D SINCLAIR JAMES W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 587 JOHN HANCOCK ST ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James W. Sinclair* DATE: 4-20-98 904-272-6100

CR2E034 (10/97)