

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000022421 (9)**  
1. Corporation Name  
**TAMPA BAY HOME IMPROVEMENTS, INC.**

Principal Place of Business <b>215 LAKE HOBBS ROAD LUTZ FL 33549</b>	Mailing Address <b>215 LAKE HOBBS ROAD LUTZ FL 33549</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>03/21/1994</b>	3a. Date of Last Report <b>04/02/1996</b>
24		29		4. FEI Number <b>59-3264971</b>	Applied For <input type="checkbox"/> Not Applicable
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HILFERTY, VICTORIA B 215 LAKE HOBBS ROAD LUTZ FL 33549</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 FL				86 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VICE PRESIDENT
NAME	FERNANDEZ, V.B. HILFERTY	1.2 NAME	SERVILIO POSADA
STREET ADDRESS	215 LAKE HOBBS ROAD	1.3 STREET ADDRESS	805 E ROBSON STREET
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE	P	2.1 TITLE	VICE PRESIDENT
NAME	FERNANDEZ, JAMES	2.2 NAME	PEDRO POSADA
STREET ADDRESS	215 LAKE HOBBS ROAD	2.3 STREET ADDRESS	1433 E. EMMA ST.
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	TAMPA, FL 33603
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 do 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 **VICTORIA H. FERNANDEZ**

SIGNATURE \_\_\_\_\_ DATE **SEP 12 1997** (813) 949-3938

CR2E034 (4/97)