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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90154 047 ***150.00

	999 DIVISION OF CORPORATIONS					02-20-1999 90154 047 ***150.00			
	MENT # P95000	1027	642						1
1. Corporado	ii iidiii C	0037	042						,
ROGER	C. HAWKINS, PA								
į									
Principal Place of Business Mailing Address						-{	ONION SIANI ANDRA DIANI	81818 (1811188)	
7848 1ST AVE S 7848 1ST AVE S									
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed	11110 01 1102	
							05/10/1995		
⊢ ¬ '	lace of Business	<u> </u>	2a. Mailing Address				4. FEI Number	├	pplied For
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				59-3317142	\$8.75	ot Applicable
22	n, 500.	27	——————————————————————————————————————				5. Certifcate of Status Desired	•	equired
City & Stat	e	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	
Zip	Country		Zip Country				Trust Fund Contribution	Added t	to Fees
24	25	29	·	30			This corporation owes the current year Personal Property Tax.	ar intangible ∐Yes	No
	9. Name and Address of Curre						10. Name and Address of New Registe	ered Agent	
\A/AT	TEDS DONALD C			81	Nam	е			
WATERS, RONALD C 1300 88TH AVE N				82	82 Street Add		ess (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33702				83					
						····			
				84	City		,	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	1508, Florida Statute	s, the above	e-name	d corpo	oration submits this statement for the purporals board of directors. I hereby accept the a	se of changing its	registered
agent. I a	m familiar with, and accept the oblig	gations of, Se	ection 607.0505, Flori	da Statutes	i.	puration	it's board of directors. Frieseby accept the c	ippointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag		NOTS.	Dagistared Aga	t nigastur	n romitrod	when reinstating) DAT	re	
12.	OFFICERS A			13.	it signatur	e required	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE) □ DELETE			1.1 TITLE	1.1 TITLE			☐ Change	☐ Addition
NAME	HAWKINS, ROGER C			1.2 NAME	1.2 NAME				
STREET ADORESS				1.3 STREE		s]
CITY-ST-ZIP				_	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
NAME				1	2.2 NAME		•		
STREET ADDRESS			-	2.3 STREE	TADORES	s			
CITY-ST-ZIP				2.4 CITY-5	T-ZIP				
TITLE	DELETE		3.1 TITLE				☐ Change	Addition	
NAME				3.2 NAME					ļ
STREET ADDRESS CITY-ST-ZIP				3.3 STREE		٥			}
TITLE			☐ DELETE	4.1 TITLE	,,- <u>,,</u>			☐ Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRES	s		•	
CITY-ST-ZIP			☐ DELETE	4.4 CITY-S	T-ZIP			Change	☐ Addition
TITLE			□ DELETE	5.1 TITLE 5.2 NAME				Change	☐ Addition
NAME STREET ADDRESS				5.3 STREE	ADDRES	s			
CITY-ST-ZIP				5.4 CITY-S				i	
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STATE PASSAGES				6.3 STREET		s			
CITY-ST-ZIP				6.4 CITY-S	1-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, with all other like empowered.

SIGNATURE: