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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074382 (9)

HOGLE'S ENTERPRISE PAINTING, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13914 22ND STREET 14014 22ND ST TAMPA FL 33613 **TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 09/25/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 PO BOX 82122 21 2306 CAPE AVE 65-0634821 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Tampa TAMPA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33682-2122 30 Hills Borough 9. Name and Address of Current Registered Agent 24 33613 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent HOGLE, BARRY 13914 22ND STREET **TAMPA FL 33613** 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. e of regulered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PA Change TITLE 11 TILLE Holle Barry HOGLE, BARRY NAME 1.2 NAME 2306 CAPEBEND AVE 14014 22ND ST STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL Tampa FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME MACK, JOHN 2.2 NAME 4104 ROBINWAY STREET ADDRESS 2.3 STREET ADDRESS VALRICO FL CITY - \$T - ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME MACK, JUDY 3.2 NAME STREET ADDRESS 4104 ROBINWAY 3.3 STREET ADDRESS VALRICO FL CITY-ST-ZIP 3.4. CITY+\$1- ZIP DELETE Change Addition TITLE 4.1.1816 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5 I TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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: Brun Paralle

April 27.1998 813-230-0693