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FILED
Apr 29 1998 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000076296 (9)
 1. Corporation Name
PRESSURE KING OF TAMPA BAY, INC.



Principal Place of Business Mailing Address
5128 121ST AVE E TAMPA FL 33617 US **5128 121ST AVE E TAMPA FL 33617 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **12805 N. 53RD STREET** 26 **12805 N. 53RD STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
TAMPA FL **TAMPA FL**
 Zip Country 29 Zip Country
33617 US **33617 US**

3. Date Incorporated or Qualified
09/29/1995
 4. FEI Number Applied For Not Applicable
NOT APPLICABLE
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JOHNSTON, STEPHEN E II
5128 121ST AVE E
TAMPA FL 33617

10. Name and Address of New Registered Agent
 81 Name **JOHNSTON, STEPHEN E. II**
 82 Street Address (P.O. Box Number is Not Acceptable)
12805 N. 53RD STREET
 83
 84 City **TAMPA** FL 85 Zip Code **33617**

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 Stephen Johnston DATE **4/20/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT
NAME JOHNSTON, STEPHEN E. II		1.2 NAME JOHNSTON, STEPHEN E. II
STREET ADDRESS 12259 ARMENIA GLABLE CIR		1.3 STREET ADDRESS 12805 N. 53RD STREET
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA FL 33617
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	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: Stephen Johnston 4/

CR2E034 (10/97)