
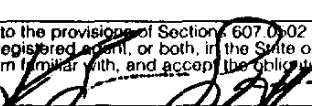


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13 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 # P96000020688 (3) 1. Corporation Name DRY IT RIGHT, INC.			
Principal Place of Business P O BOX 61268 FT MYERS FL 33906		Mailing Address P O BOX 61268 FT MYERS FL 33906	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent L'HOMMEDIEU, BRIAN 1823 LAKEVIEW BLVD N FT MYERS FL 33903		10. Name and Address of New Registered Agent 81 Name L'HOMMEDIEU, BRIAN 82 Street Address (P.O. Box Number is Not Applicable) 14518 RIVERSIDE DR. 83 84 City FORT MYERS FL 85 Zip 33905	
11. Pursuant to the provisions of Section 607.0102 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  BRIAN L'HOMMEDIEU 4/27/98 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PST NAME L'HOMMEDIEU, BRIAN STREET ADDRESS 1823 LAKEVIEW BLVD CITY-ST-ZIP N FT MYERS FL [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PST 1.2 NAME L'HOMMEDIEU, BRIAN 1.3 STREET ADDRESS 14518 RIVERSIDE DR. 1.4 CITY-ST-ZIP FORT MYERS, FL 33905 [ ] Change [ ] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [ ] Change [ ] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [ ] Change [ ] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [ ] Change [ ] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [ ] Change [ ] Addition	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/04/1996	
4. FEI Number 65-0649155	Applied For [ ] 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. [X] Yes [ ] No	

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:  BRIAN L' HOMMEDIEU 4/27/98 941-561-3899

CR2E034 (10/97)