


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

FILED

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortbam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #. P96000100768 (6) 1. Corporation Name EVERYTHING OVERHEAD, INC.					
Principal Place of Business 1079 ATLANTIC BOULEVARD UNIT 4 ATLANTIC BEACH FL 32233			Mailing Address 1079 ATLANTIC BOULEVARD UNIT 4 ATLANTIC BEACH FL 32233		
2. Principal Place of Business 21 303 OLEANDER ST. Suite, Apt. #, etc.		2a. Mailing Address 26 303 OLEANDER ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1997	
22 City & State 23 NEPTUNE BEACH, FL.		27 City & State 28 NEPTUNE BEACH, FLA.		4. FEI Number 59-3416061	
24 32266 USA		29 32266 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE FL 32250				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME JONES, SCOTT G					
1.3 STREET ADDRESS 1079 ATLANTIC BOULEVARD, UNIT 4					
1.4 CITY-ST-ZIP ATLANTIC BEACH FL 32233					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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: Scott Jones April 15, 1998 904-247-4405

CR2E034 (10/97)