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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

DOCUMENT # P9700000465 (9)

QUICKPAGE OF TAMPA, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6620 HANLEY ROAD 6620 HANLEY ROAD TAMPA FL 33615 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 2a. Mailing Address FEI Number 65-07/8535 Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 WATKINS, CARL T 7345 JACKSON SPRGS RD STE 3 Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33634** 83 Zip Code City 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. SIGNATURI Signature, typed or printed name of registered agent and take it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change Addition 1.1 11116 THE HOLBERT, COE C NAME 1.2 NAME 8008 N GOMEZ AVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 1.4 CITY- \$1-7IP DELETE Change Addition 21 HILF 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZIF 2. 4 CITY - \$1 - ZiP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY+S1+7(P CITY-ST-ZIP THILE DELETE 4.1 THLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 \$1RFE1 ADDRESS 4.4 C(TY - S1 - Z(P CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREFT ADDRESS

6.4 CHY-S1-ZIP 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 supplienced annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

5 4 CHY-S1-7IP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

Change

Addition