

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000007505 (5)
 1. Corporation Name
TUB SALES, INC.

Principal Place of Business 1708 SAINT LUCIE COURT FORT PIERCE FL 34949	Mailing Address 1708 SAINT LUCIE COURT FORT PIERCE FL 34949
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date incorporated or Qualified 01/24/1997	
4. FEI Number 65-0726332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FASNACHT, LISA
 1708 ST. LUCIE COURT
 FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name Donald C. Seebo	<input checked="" type="checkbox"/>
82 Street Address (P.O. Box Number is Not Acceptable) 3200 S. 7th St. #95	
83	
84 City FT. PIERCE	85 Zip Code FL 34982

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: *Donald C. Seebo* (NOTE: Registered Agent signature required when reinstating) DATE: **2**

12. OFFICERS AND DIRECTORS

TITLE Presid.	<input checked="" type="checkbox"/> DELETE
NAME FASNACHT, LISA	
STREET ADDRESS 1708 ST. LUCIE CT	
CITY-ST-ZIP FT. PIERCE FL 34949	
TITLE Reg. Agent	<input checked="" type="checkbox"/> DELETE
NAME FASNACHT, LISA	
STREET ADDRESS 1708 ST LUCIE CT.	
CITY-ST-ZIP Fort Pierce FL 34949	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Presid.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Willie F. Clark	
1.3 STREET ADDRESS 412 SANDPIPER DR. # B	
1.4 CITY-ST-ZIP FT. PIERCE, FL 34982	
2.1 TITLE Reg. Agent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Donald C. Seebo, V.	
2.3 STREET ADDRESS 3200 S 7th St. #95	
2.4 CITY-ST-ZIP FT PIERCE, FL 34982	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Willie Clark President*

CR2E034 (10/97)