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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 04 1998 8:00am

Secretary of State

Change

Change

Change

Addition

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024077 (4)

JRH SERVICES, INC.

1

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address POST OFFICE BOX 4002 POST OFFICE BOX 4002 CLEARWATER FL 34818 CLEARWATER FL 34618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 FEI Number 59-3431023 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. 24 25 30 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name PASEK, MICHAEL D 8800 40TH-ST-NORTH oddress (P.O. Box Number is Not Acceptable) 82 STE-400~ 43 PINELLAS PARK FL-83762-CityPINELLAS 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. I am familiar with, and hoofpt the oblightness. Section 57.0505, Florida Statutes.

SIGNATURE

2/24/98 Signature, typed or printed name of registered agent and titl (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE TETLE HAMMOND, JERRY R 1.2 NAME MALAE STREET ADDRESS **POST OFFICE BOX 4002** 1.3 STREET ADDRESS **CLEARWATER FL 24018** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 32 NAME MALIF 3.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-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 suppliemental 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 chapter 607, Florida Statutes.

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: