

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

REJECTED

04-30-1999 90144 001 \*\*\*150.00  
P97000025459

APPROVED  
AND  
FILED

99 DEC 30 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3436439

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 the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTUM, CHRISTINE  
5610 19TH AVE SO  
GULFPORT FL 33707

9349 Happy Trail  
Brooksville, FL  
34601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL 34601

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 Christine Whittum - Owner Christine Whittum 4-2-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WHITTUM, CHRISTINE	1.2 NAME	
STREET ADDRESS	5610 19TH AVE SO	1.3 STREET ADDRESS	9349 HAPPY TRAIL
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	VD	2.1 TITLE	
NAME	COPPOLA, TIMOTHY	2.2 NAME	
STREET ADDRESS	5610 19TH AVE SO	2.3 STREET ADDRESS	9349-HAPPY-TRAIL
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Christine Whittum 4/20/99

12-27-99

Department of State  
Division of Corporation

Re: Revocation of Corporation  
Sirehit Reconstruction Service Inc.  
59-3436439

As per our telephone conversation 12-23-99  
I am sending you a copy of the "second notice"  
Document # P97000825459.

This was sent back to you on 6-7-99  
with me - Christine Whitham placed in #11  
as authorized agent & my address change.

I was unaware that my corporation was dissolved  
until Southern Culvert pulled a credit report in  
mid-December & said I didn't exist.

Please correct this as I don't make much but  
I want to exist.

Thanks

Christine Whitham

DAY - 813-453-1051  
252-5114-0480