

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043566

HAZARD MITIGATION AND RECOVERY
SERVICES, INCORPORATED

7962 TALLY ANN DRIVE
TALLAHASSEE, FL 32311
PMB 134
3539 APALACHE
PKWY TALL
FL 32311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3447622	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Country	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ERNEST SMITH
1327 COLORADO STREET
TALLAHASSEE, FL 32304

10. Name and Address of New Registered Agent

81. Name DANIEL EVANS
82. Street Address (P.O. Box Number is Not Acceptable)
7962 TALLY ANN DRIVE
83.
84. City TALLAHASSEE FL 85. Zip Code 32311

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 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: *[Signature]*
(Type or printed name of registered agent, and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

8 Nov 99
DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME CONRAD IBLE 107 STUART COVE DRIVE CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> DELETE	1.1 TITLE V.P. 1.2 NAME DANIEL EVANS 1.3 STREET ADDRESS 7962 TALLY ANN DR 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME <input type="checkbox"/> DELETE	2.1 TITLE V.P. 2.2 NAME PETER OKONKWO 2.3 STREET ADDRESS P.O. BOX 5433 2.4 CITY-ST-ZIP TALLAHASSEE, FL 32314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 300003053443-9 3.3 STREET ADDRESS -11/24/99--01009--008 3.4 CITY-ST-ZIP *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5. NAME <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6. NAME <input type="checkbox"/> DELETE	6.1 TITLE 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Nov 99
Date

878-5377
Daytime Phone

CR2E034 (11/98)