

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061332 (7)

1. Corporation Name
THE MASTER'S BRUSH, INC.

Principal Place of Business 2391 NORTH AZALEA DR. AVON PARK FL 33825	Mailing Address P.O. BOX 640 AVON PARK FL 33826-0640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 US HWY 27 N SEBRING, FL Suite # 25		2a. Mailing Address 26 P.O. Box 313		3. Date Incorporated or Qualified 07/14/1997	
22 Sebring, FL		27 Sebring, FL		4. FEI Number 65-0776123	
23 Sebring, FL		28 Sebring, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33870		29 33871		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAGROW, RHONDA K 2391 NORTH AZALEA DR. AVON PARK FL 33825				10. Name and Address of New Registered Agent			
				81 Name Goodson, Jennifer M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 901 US HWY 27 N			
				83 Suite 25			
				84 City Sebring FL 85 Zip Code 33870			

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 Jennifer M. Goodson Vice President 4-21-98
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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGROW, KENNETH D			1.2 NAME	Goodson, Keith M.		
STREET ADDRESS	P.O. BOX 1556			1.3 STREET ADDRESS	5909 Lakewood Rd.		
CITY-ST-ZIP	LAKE PLACID FL 33862-1556			1.4 CITY-ST-ZIP	Sebring, FL 33872		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAGROW, RHONDA K			2.2 NAME	Goodson, Jennifer M.		
STREET ADDRESS	P.O. BOX 1556			2.3 STREET ADDRESS	5909 Lakewood Rd.		
CITY-ST-ZIP	LAKE PLACID FL 33862-1556			2.4 CITY-ST-ZIP	Sebring, FL 33872		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODSON, JENNIFER M			3.2 NAME			
STREET ADDRESS	2391 NORTH AZALEA DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL 33825			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODSON, KEITH M			4.2 NAME			
STREET ADDRESS	2391 NORTH AZALEA DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL 33825			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.

SIGNATURE: Jennifer M. Goodson Jennifer M. Goodson 4-21-98 941-314-9341

CR2E034 (10/97)