

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 NOV 16 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000066110
1. Corporation Name
Frank Hobbs Roofing Inc

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business		2a Mailing Address		3. Date Incorporated or Qualified 729 1997	
21 2506 W Marquette	26 4303 Wisconsin	4. FEI Number Applied FOR		Applied For Not Applicable	
Suite, Apt. #, etc Ave		Suite, Apt. #, etc. Court		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Tampa FL		City & State Tampa, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33614		Zip 33616		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country Hillsb.		Country Hillsboro		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent Frank Hobbs 4303 Wisconsin Court Tampa, FL 33616				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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

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 <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Frank Hobbs		12 NAME 700002691807--1	
STREET ADDRESS 2506 W. Marquette Ave		13 STREET ADDRESS -11/19/98--01082--021	
CITY-ST-ZIP Tampa, FL 33616		14 CITY-ST-ZIP ****550.00 ****550.00	
TITLE <input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Jimmy Burke		22 NAME	
STREET ADDRESS 275-6 114th Ave NE		23 STREET ADDRESS	
CITY-ST-ZIP St. Petersburg FL 33716		24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Chris Sheldon		32 NAME	
STREET ADDRESS 10801 North Ave. Street		33 STREET ADDRESS	
CITY-ST-ZIP Tampa, FL 33612		34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Frank Hobbs, President 11-8-98 813-955-6785
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)