

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

**FILED**  
**May 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000079737 (7)**

1. Corporation Name  
**LOOME INVESTIGATIONS, INC.**



Principal Place of Business <b>18057 TAMPA PALMS BLVD WEST. #238                  TAMPA FL 33647</b>	Mailing Address <b>18057 TAMPA PALMS BLVD WEST. #238                  TAMPA FL 33647</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 15809 SANCTUARY DR.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/15/1997</b>	
22 City & State <b>23 TAMPA, FL</b>		27 City & State		4. FEI Number <b>59-3479426</b>	
24 Zip <b>33647</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOOME, JOHN F JR**  
**18057 TAMPA PALMS BLVD WEST, #238**  
**TAMPA FL 33647**

10. Name and Address of New Registered Agent

**81 Name** SAME (NEW ADDRESS ONLY)  
**82 Street Address (P.O. Box Number is Not Acceptable)** 15809 SANCTUARY DR.  
**83**  
**84 City** TAMPA **85 Zip Code** FL 33647

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 *John F. Loome Jr* **JOHN F. LOOME JR** PRESIDENT **4/29/98**  
Signature, typed name, printed name of registered agent, and date of signature (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LOOME, JOHN F JR	
STREET ADDRESS	18057 TAMPA PALMS BLVD WEST, #238	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LOOME, MARY E	
STREET ADDRESS	18057 TAMPA PALMS BLVD WEST, #238	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	15809 SANCTUARY DR.	
1.4 CITY-ST-ZIP	SAME	
2.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	15809 SANCTUARY DR.	
2.4 CITY-ST-ZIP	SAME	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *John F. Loome Jr* **JOHN F. LOOME JR** 4/29/98 (012022 9750)

CR2E034 (10/97)