

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # P97000087858 (1)

1. Corporation Name
CITADEL FENCE CO.



Principal Place of Business
4303 W. FAIR OAKS AVE.
TAMPA FL 33611

Mailing Address
4303 W. FAIR OAKS AVE.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1997	
21 3132 W. Oakellar st.	26 3132 W. Oakellar st.	4. FEI Number 59-3475203		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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	
23 TAMPA, FL	28 TAMPA, FL	7. 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			
24 33611	25 USA	29 33611	30 USA		

9. Name and Address of Current Registered Agent ENYEART, TIM 4303 W. FAIR OAKS AVE. TAMPA FL 33611		10. Name and Address of New Registered Agent	
81 Name TIM ENYEART		82 Street Address (P.O. Box Number is Not Acceptable) 3132 W. OAKELLAR ST.	
83		84 City TAMPA FL 85 Zip Code 33611	

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 Tim Enyeart Timothy C. Enyeart 4-18-98
Signature, typed or printed name of registered agent and title if applicable (NOT 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	1.1 TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 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 Paul Hopkins Paul Hopkins 4/18/98 (813) 839-8223

CR2E034 (10/97)