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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01 1998 8:00am Secretary of State

DOCUMENT # P97000107177 (2) P & H ENTERPRISES OF TAMPA BAY, INC. Principal Place of Business Mailing Address 13014 N DALE MABRY SUITE 141 13014 N DALE MABRY SUITE 141 TAMPA FL 33618 TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 X Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 13014 N. Dale Mabry Suite, Apt. #, etc. 26 21 Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Suite 141 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Jampa, 119 \Box 28 Trust Fund Contribution Added to Fees Country Ζφ Country This corporation owes or has paid the current year Intangible 33618 25 USA Personal Property Tax due June 30. Yes ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOUSE, PHYLLIS 11740 WESSON CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 83 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE ■ Addition TITLE HOUSE, PHYLUS NAME 1.2 NAME 11740 WESSON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 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 chapter 607, or on an attachment with an address.

SIGNATURE.

This House

CR2E034 (10/97)