

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90046 001 ***150.00

DOCUMENT # P 98000042954
Corporation Name

FOREHAND SERVICES, INC. ✓

Principal Place of Business Mailing Address
801 West Bay Drive P. O. Box 224
Suite 421 Largo, FL 33779
Largo, FL 33770

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified May 11, 1998	4. FEI Number 59-3518180	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip	Country	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

William C. Borgersen, Esquire
2530 West Bay Drive
Largo, FL 33770

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
President <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
Nancy Scoggins		1.2 NAME			
801 West Bay Drive		1.3 STREET ADDRESS			
Largo, Florida 33770		1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		2.2 NAME			
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		3.2 NAME			
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		4.2 NAME			
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		5.2 NAME			
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		6.2 NAME			
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *Nancy Scoggins, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-99

CR2E034 (11/98)