

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90143 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000047606

1. Corporation Name
THE NEVER AND THE 8, INC.



Principal Place of Business 13137 DANIA STREET HUDSON FL 34667	Mailing Address 13137 DANIA STREET HUDSON FL 34667
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13137 DANIA STREET Suite, Apt. #, etc. 22 City & State 23 HUDSON FL Zip 24 34667	2a. Mailing Address 26 13137 DANIA STREET Suite, Apt. #, etc. 27 City & State 28 HUDSON FL Zip 29 34667
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3. Date Incorporated or Qualified 05/26/1998	4. FEI Number 59-3522495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PLANTZ, JON
13137 DANIA STREET
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name PLANTZ, JON	85 Zip Code 34667
82 Street Address (P.O. Box Number is Not Acceptable) 13137 DANIA STREET	
83	
84 City HUDSON	FL

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  JON L. PLANTZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANTZ, JON 13137 DANIA STREET HUDSON FL 34667	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VICE PRESIDENT SESSIONS, VANCE 8401 55TH WAY N. PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SESSIONS, VANCE 4480 ORLANDO AVE BROOKSVILLE FL 34609	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER PLANTZ, JON 13137 DANIA ST. HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY MURPHY, ERIC 18224 THOMAS BLVD. HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED L. PLANTZ 4-24-99 (813) 213-2367

CR2E034 (11/98)