


FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90063 049 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000091215

1. Corporation Name
HOOKE & TIBBETTS, INC.



Principal Place of Business 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712	Mailing Address 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1998	Applied For Not Applicable
4. FEI Number 59-364297	5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent BRANDES, RUSSEL P 3300 FAIRFIELD AVENUE SOUTH ST. PETERSBURG FL 33712	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	D. Pres. Sec.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBBETTS, LINTON N	1.1 TITLE		
STREET ADDRESS	3300 FAIRFIELD AVE. SOUTH	1.2 NAME		
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.3 STREET ADDRESS		
TITLE	D. V. Pres.	1.4 CITY-ST-ZIP		
NAME	HOOKE, DONNA	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1924 HIGHWAY 76	2.2 NAME		
CITY-ST-ZIP	ADAMS TN 37010	2.3 STREET ADDRESS		
TITLE	V.P.	2.4 CITY-ST-ZIP		
NAME		3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	Russel P. Brandes	
CITY-ST-ZIP		3.3 STREET ADDRESS	729 SWANNE CT. N.E.	
TITLE		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE		
STREET ADDRESS		4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
TITLE		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE		
STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
TITLE		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE		
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
TITLE		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Russel P. Brandes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Russel P. Brandes

3-28-99

727-327-4503

Date

Daytime Phone

CR2E034 (1/98)