

DOCUMENT # P98000096212

1. Entity Name

HSG ENTERPRISES, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90061 028 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4015 DRANE FIELD ROAD LAKELAND FL 33811	Mailing Address 4015 DRANE FIELD ROAD LAKELAND FL 33811
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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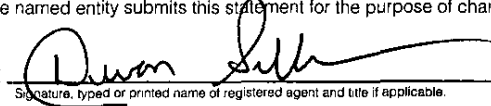
4. FEI Number	59-3561352	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SELLERS, M. DEVON 4015 DRANE FIELD ROAD LAKELAND FL 33811

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 	DATE 1/06/01
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

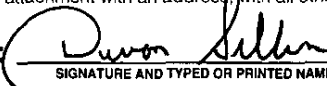
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GRAMMER, MICHAEL W
STREET ADDRESS	2908 ASTON AVENUE
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	VD <input type="checkbox"/> Delete
NAME	HANKS, RICKEY R
STREET ADDRESS	12024 LAKELAND ACRES ROAD
CITY-ST-ZIP	LAKELAND FL 33281-0
TITLE	STD <input type="checkbox"/> Delete
NAME	SELLERS, M. DEVON
STREET ADDRESS	1990 DE LA PALMA
CITY-ST-ZIP	BARTOW FL 33830-0
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DEVON SELLERS	1/6/01	863-644-8432
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/00)