

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90001 004 ***550.00

DOCUMENT # **V02913** ✓
Corporation Name
SWEENEY HARBERT & MUMMERT, INC.



Principal Place of Business
77 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

Mailing Address
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
77 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602		777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA FL 33602		12/30/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3099005	
City & State		City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
25		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year	
				Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HARBERT, DAVID O 777 SOUTH HARBOR ISLAND ROAD SUITE 130 TAMPA FL 33602				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					
P HARBERT, DAVID O 4908 LYFORD CAY TAMPA FL		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPT SWEENEY, JAMES W 4916 NEW PROVIDENCE AVE TAMPA FL		1.2 NAME			
P SWEENEY, JAMES W 4916 NEW PROVIDENCE AVE TAMPA FL 33629		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME			
		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME			
		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME			
		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME			
		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.

SIGNATURE:

David O Harbert 7/7/99 (813) 229-5360
Pres

CR2E034 (5/99)

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