

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V22695**

(3)

1. Corporation Name
THE ADMIRAL GROUP, INC.



Principal Place of Business 3530 1ST AVE NORTH STE 105 ST PETERSBURG FL 33713 US	Mailing Address PO BOX 06192 MADEIRA BEACH FL 33736-6192
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1992	3a. Date of Last Report 04/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3113115	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	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
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent ZELLER, RICHARD A. 4175 EAST BAY DRIVE LARGO OFFICE CENTER, #210 CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name CLAY R. GATEWOOD 82 Street Address (P.O. Box Number is Not Acceptable) 3530 1ST AVE NORTH, SUITE 105 83 84 City ST. PETERSBURG, FL 85 Zip Code 33713	
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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 *Clay R. Gatewood* **CLAY R. GATEWOOD, PRESIDENT** **APRIL 24, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE GATEWOOD, CLAY R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATEWOOD, CLAY R.		1.2 NAME	
STREET ADDRESS 6113 PALMA DEL MAR BOULEVARD, #122		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		2.2 NAME	
STREET ADDRESS 		2.3 STREET ADDRESS	
CITY-ST-ZIP 		2.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		3.2 NAME	
STREET ADDRESS 		3.3 STREET ADDRESS	
CITY-ST-ZIP 		3.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		4.2 NAME	
STREET ADDRESS 		4.3 STREET ADDRESS	
CITY-ST-ZIP 		4.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		5.2 NAME	
STREET ADDRESS 		5.3 STREET ADDRESS	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP	
TITLE 	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		6.2 NAME	
STREET ADDRESS 		6.3 STREET ADDRESS	
CITY-ST-ZIP 		6.4 CITY-ST-ZIP	

14. I do 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: *Clay R. Gatewood* **CLAY R. GATEWOOD** **APRIL 24, 1997 (813) 327 9797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)