

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V67108 (3)**

1. Corporation Name  
**JERRY S. HAGAMAN, P.A.**



Principal Place of Business <b>5912 BRYCE LANE                  1                  TAMPA FL 33615                  US</b>	Mailing Address <b>5912 BRYCE LANE                  TAMPA FL 33615                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>407 S LOIS AVE</b> Suite, Apt. #, etc. 22 <b>1</b> City & State 23 <b>TAMPA FL 33609</b> Zip Country 24 <b>33609</b> 25 <b>HI</b>	2a. Mailing Address 26 <b>407 S LOIS AVE</b> Suite, Apt. #, etc. 27 <b>TAMPA</b> City & State 28 Zip Country 29 <b>33609</b> 30 <b>Hillbun</b>
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3. Date Incorporated or Qualified <b>09/28/1992</b>	4. FEI Number <b>59-3147091</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HAGAMAN, JERRY S  
 6301 MEMORIAL HWY  
 STE 103  
 TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name <b>HAGAMAN JERRY S</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>407 S. LOIS AVE</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33609</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAGAMAN, JERRY S</b>		1.2 NAME <b>HAGAMAN JERRY S.</b>	
STREET ADDRESS <b>5912 BRYCE LANE</b>		1.3 STREET ADDRESS <b>407 S LOIS AVE</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		1.4 CITY-ST-ZIP <b>TAMPA Florida 33609</b>	
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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)