

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 5912 BRYCE LANE 1 TAMPA FL 33615 US	Mailing Address 5912 BRYCE LANE TAMPA FL 33615 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 S LOIS AVE Suite, Apt. #, etc. 22 1 City & State 23 TAMPA FL 33609 Zip 24 33609 Country 25 HI		2a. Mailing Address 26 407 S LOIS AVE Suite, Apt. #, etc. 27 TAMPA City & State 28 Zip 29 33609 Country 30 Hillsborough		3. Date Incorporated or Qualified 09/28/1992
		4. FEI Number 59-3147091		Applied For Not Applicable
		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
		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 HAGAMAN JERRY S 82 Street Address (P.O. Box Number is Not Acceptable) 407 S. LOIS AVE 83 84 City TAMPA FL 85 Zip Code 33609	
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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

Signature: Typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME HAGAMAN, JERRY S STREET ADDRESS 5912 BRYCE LANE CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME HAGAMAN JERRY S. 1.3 STREET ADDRESS 407 S LOIS AVE 1.4 CITY-ST-ZIP TAMPA FLORIDA 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: Jerry S. Hagaman 4/29/98 (9/2/98/8000)

CR2E034 (10/97)