

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

FILED
 Jun 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95 0000 97118
 1. Corporation Name

P-3, INCORPORATED

Principal Place of Business

2611 SAMMONS RD.
 PLANT CITY, FLORIDA 33566

2. Principal Place of Business

21 State and County

22 City & State

23 Zip

24

25 Mailing Address

26 State and County

27 City & State

28

29

30 Country

9. Name and Address of Current Registered Agent

ALONGE, JOSEPH
 2611 SAMMONS RD.
 PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

4. F.I. Number

59-3361201

Applied For
 Not Applicable

5. Certificate of Status Desires

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
 office principal place of business and mailing address. This change was authorized by the corporation's board of directors or any accept the appointment of a registered
 agent. I am familiar with and accept the change of the above information as required by the Florida Statutes.

SIGNATURE

12. SIGNATURE OF REGISTERED AGENT

12.1 NAME	P ALONGE, JOSEPH P	<input type="checkbox"/>	DELETE
12.2 STREET ADDRESS	4709 BAY CREST DR		
12.3 CITY, ST, ZIP	TAMPA, FL		
12.4 TITLE	S	<input type="checkbox"/>	DELETE
12.5 NAME	TILLER, RONALD R		
12.6 STREET ADDRESS	186 HAWTHORNE RD.		
12.7 CITY, ST, ZIP	SURGOINSVILLE, TN		
12.8 TITLE	T	<input type="checkbox"/>	DELETE
12.9 NAME	CULBERTSON, CHARLES F		
12.10 STREET ADDRESS	120 COLUMBINE		
12.11 CITY, ST, ZIP	KINGSPORT, TN		
12.12 TITLE	D	<input type="checkbox"/>	DELETE
12.13 NAME	DOBIA, ROBERT		
12.14 STREET ADDRESS	1804 BRAMBLEWOOD		
12.15 CITY, ST, ZIP	KINGSPORT, TN		
12.16 TITLE	D	<input type="checkbox"/>	DELETE
12.17 NAME	BASLER, WAYNE		
12.18 STREET ADDRESS	PO BOX 2049		
12.19 CITY, ST, ZIP	KINGSPORT, TN		
12.20 TITLE	N/A	<input type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.2 STREET ADDRESS					
13.3 CITY, ST, ZIP					
13.4 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.5 NAME					
13.6 STREET ADDRESS					
13.7 CITY, ST, ZIP					
13.8 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.9 NAME					
13.10 STREET ADDRESS					
13.11 CITY, ST, ZIP					
13.12 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.13 NAME					
13.14 STREET ADDRESS					
13.15 CITY, ST, ZIP					
13.16 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

100002544951
 -06/02/98--01087--008
 ***150.00

SIGNATURE:

Joseph P. Alonge

4-24-98

(813) 707-8887

SECRETARY OF STATE (NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (1-9-97)