

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90075 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000097118

1. Corporation Name
P-3, INCORPORATED



Principal Place of Business
**2611 SAMMONDS RD.
 PLANT CITY FL 33566**

Mailing Address
**2611 SAMMONDS RD.
 PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/1995

4. FEI Number
59-3361201

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

**ALLONGE, JOSEPH
 2611 SAMMONDS RD.
 PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name **Alonge, Joseph**
 82 Street Address (P.O. Box Number is Not Acceptable)
8488 W. Hillsborough Ave.
 83 **#134**
 84 City **Tampa** FL 85 Zip Code **33615**

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 **X** *Joseph Alonge*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/25/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALONGE, JOSEPH P	
STREET ADDRESS	4709 BAY CREST DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TILLER, RONALD R	
STREET ADDRESS	186 HAWTHORNE RD	
CITY-ST-ZIP	SURGOINSVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CULBERTSON, CHARLES F	
STREET ADDRESS	120 COLUMBINE	
CITY-ST-ZIP	KINGSPORT TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBLE, ROBERT	
STREET ADDRESS	1804 BRAMBLEWOOD	
CITY-ST-ZIP	KINGSPORT TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASLER, WAYNE	
STREET ADDRESS	PO BOX 2049 N/A	
CITY-ST-ZIP	KINGSPORT TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alonge, Joseph P.	
1.3 STREET ADDRESS	8488 W. Hillsborough Ave. #134	
1.4 CITY-ST-ZIP	Tampa FL 33615	
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		

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, with all other like empowered.

SIGNATURE: **X** *Joseph Alonge*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 (813) 707-8887
 Date Daytime Phone #

CR2E034 (1/198)