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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P96000009671**1. Corporation Name

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90127 030 ***150.00 FLORIDA DEPARTMENT OF STATE Katherine Harris



UNLIMITI	ed renovations, inc	·•				
Principal Place	e of Business	Mailing Address		- I IBARRAN KIN IDINA DININ BARIN DARIN DARIN BARIN	ABŞIO LONIA DILLI LOGDI IŞDI 100\$	
3006 STILLWELL BLVD 3006 STILLWE CRESTVIEW FL 32539 CRESTVIEW F		3006 STILLWELL BLVD CRESTVIEW FL 32539		DO NOT WRITE IN THIS SPACE		
US		US		3. Date incorporated or Qualifed		
				01/29/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3355303	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24	25		30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered	Agent	
	/ELL, DIXIE D NO MAIN STREET		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	STVIEW FL 32536	C 11 20 -				
Che	STAICALLE 25300	Siloruthu 19	S 83			
		Everything the Same a Last year	S 84 City	_ FL		
11. Pursuant	to the provisions of Sections 60	1116 3001	pove-named corpo	pration submits this statement for the purpose or on's board of directors. I hereby accept the appo	changing its registered	
office or r	registered agent, or both, in the many liar with, and accept the	1 ast year	tes.	in s board of directors. Thereby accept the appo	munent as registered	
SIGNATURE	Barbara +	7.500	esident	- 2-16·	-99' _	
	Signature, typed or printed name of registe	Thank,	Agent signature required		ND DIDECTORS IN 42	8
12.	OFFICE	J. BW.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	CR2E034 (11/98)
TITLE	PD DATRICK		E		Cloude Clynolion	Ξ
NAME	WESTFALL, PATRICK		1.2 NAME			ලී
STREET ADDRESS	3006 STILLWELL DRIVE CRESTVIEW FL 32536		1.3 STREET ADDRESS			2
CITY-ST-ZIP	VSTD		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	8
TITLE	WESTFALL, BARBARA	C Officie			C cytoligo C 1 regions (
NAME .	3006 STILLWELL DRIVE		2.2 NAME 2.3 STREET ADDRESS		1	
STREET ADDRESS	CRESTVIEW FL 32536			=		
CITY-ST-ZIP TITLE	CHECTTIEN TE GEGOD	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS	·		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		į	
STREET ADDRESS			6.3 STREET ADDRESS		ļ	
	1		64 CITY OT 7ID		j.	

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:

850-865-0143