


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90140 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 506730

1. Corporation Name
REMODELING INDUSTRIES, INC.



Principal Place of Business 4849 PARK STREET NORTH ST. PETERSBURG FL 33709	Mailing Address 4849 PARK STREET NORTH ST. PETERSBURG FL 33709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6561 44th St N	26 1175 NE Cleveland St			07/08/1976	
22 #3008	27	4. FEI Number		Applied For	
23 Pineellas Park FL	28 Clearwater FL	38-1857522		<input type="checkbox"/> Not Applicable	
24 33781	25 USA	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 33755	30 USA	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent VERNICK, MARK D 4849 PARK STREET NORTH ST PETERSBURG FL 33709		81 Name Mark Vernick
		82 Street Address (P.O. Box Number is Not Acceptable) 1175 N.E. Cleveland St
		83
		84 City Clearwater FL 85 Zip Code 33755

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: *Mark Vernick* **Mark Vernick** DATE: **4/9/99**
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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNICK, JACK D.	1.2 NAME	
STREET ADDRESS	767 ISLAND WAY	1.3 STREET ADDRESS	1197 Kingsway Ln
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Jackson Springs FL 34689
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNICK, DEBORAH	2.2 NAME	
STREET ADDRESS	767 ISLAND WAY	2.3 STREET ADDRESS	1197 Kingsway Ln
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Jackson Springs FL 34689
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNICK, MARK	3.2 NAME	
STREET ADDRESS	1168 57TH AVE N	3.3 STREET ADDRESS	13056-89th Ave N.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Seminole FL 33776
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, with all other like empowered.

SIGNATURE: *Mark Vernick* **MARK VERNICK** DATE: **4/9/99** DAYTIME PHONE #: **(727) 467-9348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)