

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 579862 (4)

1. Corporation Name  
**BUDD SEVERINO GUTTERS & SIDING, INC.**



Principal Place of Business: 1360 N NOVA ROAD DAYTONA BCH. FL 32117 US  
Mailing Address: 1360 N NOVA ROAD DAYTONA BCH. FL 32117 US

3. Date Incorporated or Qualified: 07/21/1978  
3a. Date of Last Report: 10/05/1995  
4. FEI Number: 59-1851079  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country  
25. Zip, Country

9. Name and Address of Current Registered Agent: SEVERINO, FRANK T. 1360 N NOVA ROAD DAYTONA BCH. FL 32117  
10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEVERINO, FRANK T.(BUDD) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERINO, FRANK T.(BUDD)	1.2 NAME	
STREET ADDRESS	1360 N.NOVA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	SD SEVERINO, FRANK E. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERINO, FRANK E.	2.2 NAME	
STREET ADDRESS	922 VILLAGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP SEBASTIAN, KIM J. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, KIM J.	3.2 NAME	
STREET ADDRESS	7 BROOKE STATION DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH. FL	3.4 CITY-ST-ZIP	
TITLE	TD SCHIMENTI, ANTHONY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMENTI, ANTHONY	4.2 NAME	
STREET ADDRESS	1315 OAK FOREST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_  
DATE: 4/29/96 DAYTIME PHONE: 904-253-1943

CR2E034 (12/95)