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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 645073

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

03-06-1999 90047 049 ***150.00

	n Name	J						
SAVGRO	ive, inc.							
								RAPA BUBUK 1888
Principal Place	e of Business	Mailing Address	s					14.1
26515 STATE ROAD 19 26515 STATE ROAD 19								* /
HOWEY FL 34737 HOWEY FL 34737						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/02/1979		ł
2 Principal Di	lace of Rusiness	2a. Mailing Add	iress			4. FEI Number		plied For
· ·						59-1981782	No.	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #	#, etc.			<u>_</u>	\$8.75	Additional
22		27			~	5. Certifcate of Status Desired	Fee Re	equired
City & State		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		\
24	25	29	:	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Register	ed Agent	i
				81	Name			1
	T, ARNOLD F			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
_	IS S.R. 19					·		
HOM	VEY FL 34737			83		•		
{				84	City		. 85 Zip	Code
1					_		<u>L</u> -	
11 Durauant	to the provisions of Sections 607.0	0502 and 607,1508, Flor	rida Statute	s, the above	a named com	poration submits this statement for the purpose	of changing its	registered
office or r	agistared agent or both in the Sta	to of Florida, Such char	nge was all	thorized by	the cornorati	ion's board of directors. I hereby accept the ap-	pointment as re	egistered
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such char ligations of, Section 607	nge was au '.0505, Flori	thorized by da Statutes	the corporations.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	m familiar with, and accept the ob	igations or, Section 607	.0505, гюп	ua Siaivies	> .	·	pointment as re	egistered
agent. I a	m familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable.	.0505, гюп	Registered Age	> .	ed when reinstating) DATE		
agent. I all SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	.0505, FIOTI (NOTE: I	Registered Age	> .	·	AND DIRECTO	ORS IN 12
agent. I all SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	.0505, гюп	Registered Ages 13. 1.1 TITLE	> .	ed when reinstating) DATE		
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F	agent and title if applicable. AND DIRECTORS	.0505, FIOTI (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ont signature require	ed when reinstating) DATE	AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19	agent and title if applicable. AND DIRECTORS	.0505, FIOTI (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when reinstating) DATE	AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	ed when reinstating) DATE	AND DIRECTO	DR\$ IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D	agent and title if applicable. AND DIRECTORS	.0505, FIOTI (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require	ed when reinstating) DATE	AND DIRECTO	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature require	ed when reinstating) DATE	AND DIRECTO	DR\$ IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Age 1.3. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature require T ADDRESS T ADDRESS	ed when reinstating) DATE	AND DIRECTO	DR\$ IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S	agent and title if applicable. AND DIRECTORS	(NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	nt signature require T ADDRESS T ADDRESS	ed when reinstating) DATE	AND DIRECTO	DR\$ IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19	agent and title if applicable. AND DIRECTORS	(NOTE: 1	Registered Ages 1.3. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	nt signature require T ADDRESS T ADDRESS	ed when reinstating) DATE	AND DIRECT(Change	DR\$ IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1	Registered Ages 1.3. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ZIP	ed when reinstating) DATE	AND DIRECT(Change	DR\$ IN 12 Addition
agent. Tal SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS	ed when reinstating) DATE	AND DIRECT(Change	DR\$ IN 12 Addition
agent. Tal SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1 DELETE DELETE	Registered Ages 1.3. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS	ed when reinstating) DATE	AND DIRECT(Change	DR\$ IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1 DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	nt signature require IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1 DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: 1 DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change	DR\$ IN 12 Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: I DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.5 STREE 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: I DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: I DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	nt signature require IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	(NOTE: I DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.3 STREE	nt signature require IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change	DR\$ IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4 2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	AT ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP ST ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change Change	DR\$ IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered OFFICERS PD BUTT, ARNOLD F 26515 S.R. 19 HOWEY FL D BUTT, VIRGINIA S 26515 S.R. 19 HOWEY FL	agent and title if applicable. AND DIRECTORS	DELETE DELETE DELETE DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	AT ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP ST ADDRESS ST-ZIP	ed when reinstating) DATE	AND DIRECTO Change Change Change Change	DR\$ IN 12 Addition Addition Addition

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 treatee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR