

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 8:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F72895 (8)**

**1. Corporation Name**

**CHARLES BALLARD REMODELING, INC.**

**Principal Place of Business**

**% SHARON ANN BALLARD  
6002 100TH WAY NORTH  
ST. PETERSBURG FL 33708**

**Mailing Address**

**% SHARON ANN BALLARD  
6002 100TH WAY NORTH  
ST. PETERSBURG FL 33708**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified**

**03/22/1982**

**3a. Date of Last Report**

**04/29/1994**

**4. FEI Number**

**59-2190803**

**Applied For**

**Not Applicable**

**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**

**2a. Mailing Address**

**21**

**Suite, Apt. #, etc.**

**26**

**Suite, Apt. #, etc.**

**22**

**City & State**

**27**

**City & State**

**23**

**Zip**

**Country**

**28**

**Zip**

**Country**

**24**

**25**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BALLARD, SHARON ANN  
6002 100TH WAY NORTH  
ST. PETERSBURG FL 33708**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**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**

**Signature, typed or printed name of registered agent and title if applicable**

**(NOTE: Registered Agent signature required when reappointing)**

**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE PD  
NAME BALLARD, CHARLES K  
STREET ADDRESS 6002 100TH WAY NORTH  
CITY-ST-ZIP ST. PETERSBURG FL**

**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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:**

**Charles K. Ballard President**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CHARLES K. BALLARD**

**4-20-95**

**Date**

**813-392-9353**

**Daytime Phone #**