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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90019 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004586**

1. Corporation Name

Advanced Strategies Agency, Inc.

Principal Place of Business

Mailing Address

362 North Main Street  
Huron, OH 44839

362 North Main Street  
Huron, OH 44839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 21, 1995

4. FEI Number

34-1605027

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 362 North Main Street  
Suite, Apt. #, etc.

22 City & State

23 Huron, Ohio

24 Zip

44839

Country

25 USA

2a. Mailing Address

26 362 North Main Street  
Suite, Apt. #, etc.

27 City & State

28 Huron, Ohio

29 Zip

44839

Country

30 USA

9. Name and Address of Current Registered Agent

Garry N. Savage, Sr.  
13105 Vanderbilt Drive, Unit 107  
Naples, FL 33963

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME Garry N. Savage, Sr.  
STREET ADDRESS 362 North Main Street  
CITY-ST-ZIP Huron, OH 44839

TITLE Vice-President ☐ DELETE

NAME Jeffrey S. Ward  
STREET ADDRESS 374 North Main Street  
CITY-ST-ZIP Huron, OH 44839

TITLE Executive Vice-President and Sec. - Treas. ☐ DELETE

NAME Garry N. Savage, Jr.  
STREET ADDRESS 362 North Main Street  
CITY-ST-ZIP Huron, OH 44839

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 this address, with all other like empowered.

SIGNATURE: **GARRY N. SAVAGE, SR., President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99**

Date

419-433-5291

Daytime Phone #

CR2E034 (11/98)