

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 001 ***150.00

DOCUMENT # G03410

1. Corporation Name
A.R. SAVAGE & SON, INC.

Principal Place of Business
1701 MARITIME BOULEVARD
TAMPA FL 33605-6659

Mailing Address
1701 MARITIME BOULEVARD
TAMPA FL 33605-6659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1982	
21		26		4. FEI Number 59-2270857	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

KERR, D. C. G.
215 MADISON ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Arthur R. Savage
82 Street Address (P.O. Box Number is Not Acceptable)
1701 Maritime Boulevard
83
84 City
Tampa FL 85 Zip Code
33605

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 1999 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, SHIRLEY MCKAY	1.2 NAME	
STREET ADDRESS	3402 ALMERIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, ARTHUR R.	2.2 NAME	
STREET ADDRESS	3413 MCKAY AVENUE WEST	2.3 STREET ADDRESS	1701 Maritime Boulevard
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33605
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, HERBERT G.	3.2 NAME	
STREET ADDRESS	3406 ALMERIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, RICHARD	4.2 NAME	
STREET ADDRESS	311 HARBOR VIEW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	4.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIS, JOYCE A.	5.2 NAME	
STREET ADDRESS	3903 CRESTWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONEY, NANCY E. S.	6.2 NAME	
STREET ADDRESS	4008 SAN RAFAEL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR R. SAVAGE PRESIDENT 4/27/99 (813) 241-4550

CR2E034 (11/98)

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