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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J86640

GREAT AMERICAN REMODELING, INC.

(6)

May 01 1997 8:00am Secretary of State

Principal Disc	o of Business	Mailing Address		· ·····				
Principal Place of Business 80 BEAL PARKWAY, SW SUITE 8 FT. WALTON BEACH FL 32548 US		P. O. BOX 5151 FT WALTON BCH. FL 32	Mailing Address P. O. BOX 5151 FT WALTON BCH. FL 32549-5151 US			-		
		09			3. Date Incorporated or Qualified 3a. Date of Last Report 07/30/1987 04/25/1996			eport
2. Principal Place of Business		2a. Mailing Address	<u>├</u>		4. FEI Number 59-2834268			plied For of Applicable
Suite, Apt. #, etc.		26				\$8.75 Additional		
22		27	27		5. Certificate of Status Desired	<u> </u>	Fee Re	
City & State		City & State	├ ₁ '		6. Election Campaign Financing	<u> </u>		
Zip Country		28 ZID	Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.03:			
24	25	29	30			Yes		, 188.032,
	9, Name and Address of 0	Current Registered Agent			10. Name and Address of New Reg	jistered Ag	ent	
	ITHEWS, DANA C.		81	Name				
	HIGHWAY 98 E		82 Street A		dress (P.O. Box Number is Not Acceptab	le)		
DES	STIN FL 32541		83		·····			
					<u> </u>			
			84	City		FL	85 Zip (Code
office or a agent. I a	registered agent, or both, in the	07.0502 and 607.1508, Florida Stati State of Florida. Such change was cobligations of, Section 607.0505, f	s authorized by	the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of c t the appoir	nanging it niment as	s registered registered
SIGNATURE	Signature, typed or profed name of reget		DIE Registered Age	nt signature requ	ireg when reinstating)	DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	and page of the second
TITLE NAME	PST Berkey, Phyllis J.	DELETE	1.1 TITLE 1.2 NAME			L.	_ Unange	Addition
STREET ADDRESS	620 LEGION COURT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	DESTIN FL		14 CITY - S					
TITLE		DETETE	2 1 TITLE			T	Charige	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET					
CITY-ST-ZIP		DELETE	2.4 011Y-9	S1 - 7(P			Change	Addition
TITLE NAME		L'1 WICH	3 1 111LF 3 2 NAME				_ ondrige	L Auditioi
STREET ADDRESS			3.3 STRFET	ADDRESS				
CITY-ST-ZIP			34 CITY-5	1				
TITLE		DELETE	4.1 TITLE		The state of the s		Change	Addition
NAME .			4. 2 NAME					
STREET ADDRESS			4.3 STREET				•	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TIBLE	I - ZIP		-	☐ Change	Addition
NAME		ب میداد	5.2 NAME			_		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ļ				
TALE		DELETE	617011		The second of th		Change	Addition
NAME			G.2 NAME					
STREET ADDRESS			G.3 STREET	ADDRESS				
CITY_ST_7/P			64 0017-3	1 - 71P				

14. I do 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 eath, 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 attackment with an address.