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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

SILCOX & STRAIN RENOVATIONS, INC.

Principal Place of Business Mailing Address

6440 EDGEWATER DR ORLANDO FL 32810

6440 EDGEWATER DR ORLANDO FL 32810

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1988

- · · · · · · · · · · · · · · · · · · ·	acc or bosiness	Ea. Maining Add	Za. Maining Address			4. I LI ROMBE	17	philed Lot	
21			26			59-2894685		ot Applicable	
Suite, Apt.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired	
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
—, Zip	Country	Zip	<u> </u>			8. This corporation owes or has paid the current year Intangible			
24 25 29 30 9, Name and Address of Current Registered Agent				-,		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
					Name	10. Name and Address of New Registered A	gent		
STHAIN, PAUL A.									
					82 Street Address (P.O. Box Number is Not Acceptable)				
6440 EDGEWATER DRIVE ORLANDO FL 32810				83					
				84	City	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 60	07.0502 and 607.1508. Flori	da Statutes, the	above	-named corp	poration submits this statement for the purpose of	changing it	s registered	
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, hyped or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE									
12.	OFFICE	RS AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	P DELETE		LETE 1,1	1,1 TITLE			Change	Addition	
NAME	Strain, Paul		1.2	NAME				}	
STREET ADDRESS	4316 RIVERSIDE PK RE)	1.3	STREET .	ADDRESS				
CITY-ST-ZIP	ORLANDO FL			CITY-SI	-ZIP				
TITLE	VP	≥ Di	LETE 2.1	TITLE		Į	Change	Addition	
NAME	HAMRICK, GARY WAYN	Ι Ε	2.2	NAME					
STREET ADDRESS	615 IVANHOE WAY				ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL	a		CITY-S	T-ZIP		Change	Addition	
TITLE		ان ئے		TITLE		·	Change	Addition	
NAME				NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP TITLE		اَقَ 🔲		CITY-S' TITLE	I - ZIP		Change	Addition	
NAME		ے ۔		NAME		•			
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP				CITY-ST					
TITLE		D8		IITLE			Change	Addition	
NAME			5.2	NAME				}	
STREET ADDRESS			53	STREET	ADDRESS			1	
CITY <u>-ST</u> -ZIP			5.4	CITY-ST	- ZIP				
TITLE		☐ Da	LETE 6.1	TITLE		Ţ	Change	Addition	
NAME			6.2	MAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY - ST - ZIP				CITY-ST					
14. Thereby 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.

SIGNATURE: