

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K30075 (1)

1. Corporation Name

AMELIA REMODELING, INC.



Principal Place of Business

1200 POGY PLACE
P.O. BOX 1673
FERNANDINA BEACH FL 32034
US

Mailing Address

P.O. BOX 1673
P.O. BOX 1673
FERNANDINA BEACH FL 32035-1673
US

2. Principal Place of Business

2a. Mailing Address

21 1200 POGY PLACE

26 P.O. BOX 1673

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. B. 1673

27

City & State

City & State

23 FERNANDINA BEACH, FL

28 FERNANDINA BEACH, FL

Zip

Country

Zip

Country

24 32034

25 US

29 32035-1673

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2907113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SUCARA, GAROON
2206 ATLANTIC AVE
FERNANDINA BEACH FL 32034

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

Garon Sucas

PRESIDENT

4/22/96

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
SUCARA, GAROON
2206 ATLANTIC AVE
FERNANDINA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

S
SUCARA, RICHELLE
2206 ATLANTIC AVE
FERNANDINA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Garon Sucas PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

904-277-2766
Daytime Phone #

CR2E034 (12/95)