FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:29

DOCUMENT # L30614 (6)

1. Corporation Name
REGENCY REMODELING, INC.

Principal Place of Business	Mailing Address
2826 UNIVERSITY DR. CORAL SPRINGS FL 33065	2826 UNIVERSITY DR. CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0164168 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
7. This corporation has/will file Florida tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARLOWE, CLAUDE G.
11525 NW 33RD ST.
CORAL SPRINGS FL 33065

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MARLOWE, PATRICIA	12 NAME	
STREET ADDRESS	11525 NW 33RD ST. "A"	13 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HURST, MARGARET M.	22 NAME	
STREET ADDRESS	11525 NW 33RD ST. "B"	23 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	PERRY, MARTHA M	32 NAME	
STREET ADDRESS	11525 NW 33RD ST. "B"	33 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP	
TITLE	AST	41 TITLE	☒ Change ☐ Addition
NAME	LEVINE, DAVID	42 NAME	DELETE
STREET ADDRESS	10762 WILES ROAD	43 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	44 CITY ST ZIP	
TITLE		51 TITLE	Chairman of Board ☐ Change ☒ Addition
NAME		52 NAME	Claude G. Marlowe
STREET ADDRESS		53 STREET ADDRESS	11525 N. W. 33rd St. "A"
CITY ST ZIP		54 CITY ST ZIP	Coral Springs, Fl. 33065
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Martha M. Perry Martha M. Perry 4/6/95 305-755-8316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100018 CP