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

APPROVED AND FILED

95 MAY 11 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45120** **(7)**

1. Corporation Name

SPECIALIZED RENOVATIONS CO., INC.

Principal Place of Business	Mailing Address
% GARRY L. CARR 4200 SW 53 AVE DAVIE FL 33314	% GARRY L. CARR 4200 SW 53 AVE DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/22/1990**

3a. Date of Last Report: **05/01/1994**

21	2. Principal Place of Business	26 2a. Mailing Address
22	Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23	City & State	28 City & State
24	Zip	25 County 29 Zip 30 County

4. FEI Number: **65-0171619** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CARR, GARRY L.
4200 SW 53 AVE
DAVIE FL 33314

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(S) (If changing a registered agent, this must be signed by the new registered agent) (If changing a registered office address, this must be signed by a current officer or director) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	PV	41 TITLE	☐ Change ☐ Addition
32 NAME	CARR, GARRY L.	42 NAME	
33 STREET ADDRESS	4200 SW 53 AVE	43 STREET ADDRESS	
34 CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	
35 TITLE	T	45 TITLE	☐ Change ☐ Addition
36 NAME	CARR, MICHELLE A.	46 NAME	
37 STREET ADDRESS	4200 SW 53 AVE	47 STREET ADDRESS	
38 CITY-ST-ZIP	DAVIE FL	48 CITY-ST-ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY-ST-ZIP		52 CITY-ST-ZIP	
TITLE		53 TITLE	☐ Change ☐ Addition
NAME		54 NAME	
STREET ADDRESS		55 STREET ADDRESS	
CITY-ST-ZIP		56 CITY-ST-ZIP	
TITLE		57 TITLE	☐ Change ☐ Addition
NAME		58 NAME	
STREET ADDRESS		59 STREET ADDRESS	
CITY-ST-ZIP		60 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare only 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 above, or on an attachment with an address.

SIGNATURE: Garry L Carr President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 Date

305-584-3113 Daytime Phone #

0933896 CP