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

FILED Feb 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # L99709** (2)SAVAGE REMODELERS, INC. Principal Place of Business Mailing Address 2116 COPELARE DR. 2116 COPELARE DR. MILTON FL 32583-3318 MILTON FL 32583 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1990 05/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3028312 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAVAGE, RICHARD P. 2116 COPELARE DR. 82 Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32583 83 84 City Zip Code 85 FL suant 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 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 int. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. URE Stigrature, typed or prieted name of registered agent and fice if applicable (NOTE: Begistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) (96/6) DELETE Change 1 1 TITLE SAVAGE, RICHARD P. 1.2 NAME **CR2E034** 2116 COPELARE DR. 1.3 STREET ADDRESS ORESS MILTON FL 1.4 CITY - ST - 7IP DELETE Change Addition 21 TITLE 2.2 NAME et address 2.3 STREET ADDRESS 2 4 CITY - ST - ZIF - ST - ZIP DELETE ☐ Change Addition 3.1 TITLE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 3.4 CHY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY - ST - ZiP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST ZIP 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 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: