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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000003233 (1)**

1. Corporation Name

SAGE SERVICES, INC.

Principal Place of Business

Mailing Address

P O BOX 8552
SEMINOLE FL 34645P O BOX 8552
SEMINOLE FL 33775-85523. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, BRENDA
10785 DANIELLE DRIVE
LARGO FL 34644

81

Name **Beirl, Beverly**

82

Street Address (P.O. Box Number is Not Acceptable)

10785 Danielle Dr.

83

84

City **LARGO****FL**

85

Zip Code **33474**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Beverly C. Beirl, Beverly Beirl, President**1/30/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BEIRL, BEVERLY**
STREET ADDRESS **10785 DANIELLE DRIVE**
CITY-ST-ZIP **LARGO FL 34644**1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Navin, PENNY**
1.3 STREET ADDRESS **1010 Willow Branch**
1.4 CITY-ST-ZIP **Clearwater FL**TITLE **D** ☐ DELETE
NAME **MICKEY, MARCIA**
STREET ADDRESS **8707 BARDMOOR PLAE #203**
CITY-ST-ZIP **LARGO FL 34647**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33774**TITLE **D** ☒ DELETE
NAME **WILLIAMS, BRENDA**
STREET ADDRESS **7501 ULMERTON ROAD #2621**
CITY-ST-ZIP **LARGO FL 34641**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **RUFFNER, RUTH**
STREET ADDRESS **9081 83 WAY NORTH**
CITY-ST-ZIP **SEMINOLE FL 34647**4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33774**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beverly Beirl, Beverly Beirl****1/9/97 (813) 596-9791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051885

CR2E037 (9/96)