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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000021332 (0)

APPROVED AND FILED

96 JAN 24 AM 8: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| ACE REMODELING, INC. | | | | | | |
|---|---|--------------------------------|----------------------------------|--|-------------------|---------------------------------|
| Principal Place of Business | Mailing Address | | | f ladings, and land companies of the | | |
| 5590 35TH WAY NORTH ST. PETERSBURG FL 33714 | 5590 35TH WAY NORTH ST. PETERSBURG FL 3371 | 4 | | | | |
| | | | | 3. Date incorporated or Qualified 03/22/1993 | 3a. Date of 04/24 | 1/1995 |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number 59-3171003 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Certificate of Status Desired | ⊠ | 8.75 Additional Fee Required |
| 2] City & State | City & State | | | Election Cempaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Z _(C) Country | 28 | Country | | 8. This corporation has liability for i | ntangible tax u | nders 199.032, |
| 7(p) Country 25 | L | 30 | | Florida Statutes Yes | | |
| 9. Name and Address of Curren | t Registered Agent | | T | 10. Name and Address of New R | egistered Ag | ent |
| • | | 81 | Name | | | |
| RYDER, DAVID JR. ⁴ 5590 35TH WAY NORTH | | 82 | | ddress (P.O. Box Number is Not Acceptable) | | |
| ST. PETERSBURG FL 33714 | | 83 | | | | |
| ٠ 🛦 | | 84 | | | | 85 Zip Code |
| 11. Pursuant to the projections of Sections 607.050 or registered agent for both, in the State of Fig. 1 familiar with, and accept the obligations of, Sich. 11. Pursuant to the project of Sections 607.050 or registered agent the obligations of Sich. 12. Pursuant to the project of Sections 607.050 or registered agent age | 2 and 607,1508, Florida Statutes da. Such change was authorized ion 607,0505, Florida Statutes. | the above by the corp | named corpo- poration's boa | ration submits this statement for the pul ird of directors. I hereby accept the app | ointment as re | Stered agent. I am |
| SIGNATURE YOU'L THE | ~ A1 1/400 | <i>,</i> - | | | -11181 | Ele |
| A sure Transfer Armed raff s. of real Artist 19000 | randullo applicable (NOTE ID DIRECTORS | 13. | nt signature require | ed when reinstating) ADDITIONS/CHANGES TO OFF | ICERS AND D | RECTORS IN 12 |
| 12 T-00TO | DELETE | 1, 1 TITLE | | 710011101 | | Change Addition |
| DVDED DAVID | , | 1.2 NAME | | | | |
| COO APTH WAY MORTH | | 1.3 STREE | T ADDRESS | | | |
| OT DETEDODING SI 22714 | | 1.4 CHY | ST-ZIP | | | Observation Addition |
| 01. PETERSBORG PC 33/14 | DELETE | 2 1 11/11 | | | U | Change Addition |
| NAME BROWN, BRIAN L | | 2 2 NAME | | | | |
| STREET ADDRESS 3980 64TH ST N | | | ET ADDRESS | | | |
| CITY-ST-ZIP ST PETERSBURG FL | | 2.4 CITY | | | | Change Addition |
| THILE VP | DELETE | 3 1 TITE 3 2 NAM | 1 | F*** (***) | _ | mo175 |
| PERRY, BRIAN | | | EFT ADDRESS | :5:010 -02/06 | 796D11 | 108175 197025 |
| STHEET ADDRESS 5590 35TH WAY N | | 3.4 CITY | | ****2 | nš. 75 | *****/11/21/25 |
| ST PETERSBURG FL | DELETE | 4 1 TITL | | | | Change Addition |
| HAME 3540-5644 Ave. N | | 4.2 NAM | E I | | | |
| | 37714 | 4.3 STR | EET ADDRESS | | | |
| SIFEET ADDRESS ST. Petersburg FL. | | | -ST-ZIP | | | Change Addition |
| THE UP | DELETE | 5 1 THU | | | <u></u> | |
| Brown, Briand STREET ADDRESS CIT-SI-7P St. Petersburg FL | Unit B | 5 2 NAM | EET ADDRESS | | | |
| STREET ADDRESS CA Pate-shors FL | 33714 | | r-St-Zip | | | |
| CHY-SI-ZP ST. | DELETE. | 6. 1 TIT | | | | Change |
| Perry, Brian N. NAME NO. | unit B | 6.2 NAN | ΛE | | | ۸. ۱ |
| STREET ANDRESS ST. Peters burg fc | 33714 | 63 STR | EET ADDRESS | | | YKIN |
| 6015 61 701 | | | Y - ST - ZIP | for the exemption stated in Castian 11 | 9.07/3VM FIN | ida Statutes. I further |
| 14. I do hereby certify that the information supplies | d with this filing is voluntarily furn | nished and d rual report is | loes not qualif true and accu | y for the exemption stated in Section 11 urate and that my signature shall have the | ne same legal (| offect as if made under |
| 14. I do hereby certify that the information supplied certify that the information indicated on this arouth, that I am an officer or director of the conappears in Block 12 or Block 13 if changed. | coration or the receiver or truste an arrattachmen with an add | e empowere | d to execute | this report as required by Chapter 607, | Fiorida Statute | s; and that my harre |
| CICHATURE, I'VO WAL | OR PRINTED HAME OF SIGNING OFFICE | (1) | res. | 1/18/96 Date | 813- | 5>>> 2101 |