

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000065340 (9)

1. Corporation Name

SAVICH REPORTING SERVICES, INC.



Principal Place of Business

201 E. KENNEDY BLVD.  
STE 1400  
TAMPA FL 33602  
US

Mailing Address

201 E. KENNEDY BLVD.  
STE 1400  
TAMPA FL 33602  
US

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2109 Bayshore Blvd.

Suite, Apt. #, etc.

22 Suite 409

City & State

23 Tampa, Florida 33606

Zip

24 33606

Country

25 USA

2a. Mailing Address

26 2109 Bayshore Blvd.

Suite, Apt. #, etc.

27 Suite 409

City & State

28 Tampa, Florida 33606

Zip

29 33606

Country

30 USA

4. FEI Number

59-3265580

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

SAVICH, KATHY  
215 SOUTH CEDAR AVENUE  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name **SAME** Kathy Savich

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

2109 Bayshore Blvd

83 Suite 409

84 City

Tampa

FL

85 Zip Code

33606

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

Signature, typed or printed name of registered agent, and date of appointment

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
SAVICH, KATHY  
STREET ADDRESS  
215 CEDAR AVE S  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

Director  
NAME  
Savich, Kathy  
STREET ADDRESS  
2109 Bayshore Blvd., Ste 409  
CITY-ST-ZIP  
Tampa, Florida 33606

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Savich, Director

4/30/96

Date

(813) 254-2312

Daytime Phone

CR2E034 (12/95)