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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90027 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000065340

1. Corporation Name

SAVICH REPORTING SERVICES, INC.



Principal Place of Business

**707 N FRANKLIN ST
STE 801
TAMPA FL 33602
US**

Mailing Address

**P. O. BOX 172418
TAMPA FL 33672-0418
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 327 Bayshore

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #118

Suite, Apt. #, etc.

27 City & State

City & State

23 TAMPA, FL

City & State

28

Zip

24 33606

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SAVICH, KATHY
5005 NEPTUNE WAY
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

SAVICH, KATHY

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

327 BAYSHORE BLVD, #118

83 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

Kathy Savich, President

1-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SAVICH, KATHY**
CITY-ST-ZIP **5005 NEPTUNE WAY**
TAMPA FL 33609

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

SAVICH, KATHY

327 BAYSHORE BLVD #118

TAMPA, FL 33606

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE: **Kathy Savich, President 1-15-99 (813) 254-711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)