

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 *115.00*

APPROVED
AND
FILED

pg. 1 of 2

97 JUN 11 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *145000010840*

1. Corporation Name

SAVAGE CLAIMS SERVICE, INC.

Principal Place of Business

Mailing Address

8019 N. HIMES AVE.
SUITE 300
TAMPA FL 33614

P. O. BOX 271233
TAMPA FL 33688-1233

3. Date Incorporated or Qualified

5-01-95

3a. Date of Last Report

FIRST REPORT

4. FEI Number

59-3304709

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCELLA A. SAVAGE
8019 N. HIMES AVE. STE. 300
TAMPA FL 33614

81 Name

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

83

84 City

FL

85

Zip Code

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.

Marcella Savage, Sec.

Marcella Savage

3-10-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOSEPH F. SAVAGE	
STREET ADDRESS	822 SYMPHONY ISLES BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	<input type="checkbox"/> DELETE
TITLE	SECRETARY	
NAME	MARCELLA A. SAVAGE	
STREET ADDRESS	822 SYMPHONY ISLES BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL 33572	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

300002211213-8
-06/13/97-01025-005
*****373.75 ****373.75*

A. Alan
6/11/97

SIGNATURE:

Marcella Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

DATE

813-933-7593

DAYTIME PHONE #

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 12, 1997

From
SAVAGE CLAIMS SERVICE, INC.
P.O. BOX 271233
TAMPA, FL 33688-1233

SUBJECT: SAVAGE CLAIMS SERVICE, INC.
Ref. Number: P95000010840

We have received your document for SAVAGE CLAIMS SERVICE, INC. and check(s) totaling \$173.75. However, your check(s) and document are being returned for the following:

In reply to your letter, we can waive the reinstatement fee since you did not receive the form. However, you will still have to pay the 1996 annual report fee of \$200.00. Please return your document and letter of explanation with a check for \$365.00 and we will reinstate your corporation. If you would like a certificate of status, please add an additional \$8.75. - *yes*

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (904) 487-6059.

To →
Trevor Brumbley
Document Specialist

Letter Number: 997A00025145

*See attached check # 2503 @ \$378.75
Please send certificate*