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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000018600 (3)

CTATCMINE	REMODELING.	INIO
THIPMY	KERM IIJEI INIIa	INU

Principal Place of Business

Mailing Address



Columbia	PALM HARBO		i		PALM HARBOR FL 34685								
13958 W. Hillsborough Ave 26 13958 W. Hillsborough Ave 59-3309174 608 Applicable 5000 Appl									3.		3a. Date	of La:	st Report
Suite, Apt P. etc. 2									1	FEI Number			Applied For
27	21 13958 T	V. H11	lsbo	rough Ave.	26 13958 W. Hillsborough Ave.				59-3309174		ſ	Not Applicable	
3 Tampa , FL				Suite, Apt. #, etc.			5.	Certificate of Status Desired					
20					'				6.			\$5	5.00 May Be
33635 28 H11sborough 59 33635 30 H11sborough 50 Name and Address of Current Registered Agent 50 Name and Address of Rourent Registered Agent 50 Name and Address of New Registered Agent 50 Name and Address of Name		FL	T			T			_				
10. Name and Address of Name Registered Agent				•	·		•					cunde	ers 199.032,
ANGELOCCI, RANDY 3758 EMBASSY CIRCLE PALM HARBOR FL 34685 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607/6092 and 607/1509, florids Statutes. It is determined to the provisions of Sections 607/6092 and 607/1509, florids Statutes. It is determined to the provisions of changing its registered director registered agent, or both, in the State of Forcids Synds (puring was authorized by the componition's submit is this statement for the purpose of changing its registered director registered agent, or both, in the State of Forcids Synds (puring was authorized by the componition's submit is this statement for the purpose of changing its registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered director of directors. I hereby accept the appointment as registered directors. 12. OF ICR S AND DIRECTORS I 1. I high P. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. I high P. 14. CIPPS 1. 20 15.	24 33033	9. Name				30 UJ	11	sporou				dent	***
3756 EMBASSY CIRCLE PALM HARBOR FL 34885 84							61	Name					
3756 EMBASSY CIRCLE PALM HARBOR FL 34885 84	ANGELO	CCI. RANI	DY				0.7	Ctroot Add	raaa /D	O Pay Number o Not Accepted	la)		
### City ### FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (1902) and 607 1508 Florids Statutes, the altibor suched corporation safet is this statement for the purpose of changing its registered effice corresponded agent, or both, in the State of Florids Select Johnson with an advoced the obligations of Section 607 0505, Florids Statutes, such discoursed by the corporation's board of directors. Thereby accept this appointment air registered agent. Lam florids and accept the obligations of Section 607 0505, Florids Statutes. ### SECTION 10 Company		-					82	Street Addr	ress (F	:O. Box Number is not acceptab	ie)		
11. Pursuant to the provisions of Sections 607-0508, florids Statutes, the altitude, the altitude named corporation's submit is the statement for the purpose of changing its registered agent. I am familiar with and accept the obligators of Section 607-0505, florids Statutes. SIGNATURE Species Defice RS AND DIFFE CTORS 13. ADDITIONS/CHANGES TO GFICERS AND DIFFE CTORS IN 12.				5			83						
11. Pursuant to the provisions of Sociolons 607 (1502) and 607 (1503) foricis Statutes, the above named corporation submits this statement for the purpose of changing its 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 Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Statutes and accept the obligations of Science 607 (0505). Elicial Scien							84	City				85	Zip Code
or registered agent, or both, in the State of Forcia. Such change was authorized by the corporation's should of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the originations of Schedulo 30 (Schedulo 30	44.0							L			FL		
Signate Substitute State	or registere familiar with	the provision agent, or and acce	rons or a both, in pt the o	Sections 607,0502 at 1 the State of Florida Joligations of, Section	nd 607,1508, Florida Statu Such change was authori 1607,0505, Florida Statute	ites, the abo ized by the o is.	oorb Ne-t	named corpor ioration's tioa	ration s rd of d	submits this statement for the pur irectors. Thereby accept the appo	pose of char pintment as i	nging registe	its registered office ered agent. I am
Three Delete De		ignature typed	or pulicer	~		e∐i Hagisered	بارية.	f Signal increasing	d when r				
AMME ANGELOCCI, RANDY 3758 EMBASSY CIRCLE 135 WELL AROHESS 14 GITY-ST-2P PALM HARBOR FL 34685 14 GITY-ST-2P	12.			OFFICERS AND D						ADDITIONS/CHANGES TO OFF			
3758 EMBASSY CIRCLE	1	_			☐ DEL€TE	1		P	٠.] Char	ige 📉 Addition
CITY_ST-ZIP PALM HARBOR FL 34685	NAME												
DELETE DELETE 2.1 THE Change Addition						138	H\$F [ADORESS					
MAME		PALM F	TARBU	H FL 34685	F) PCI ETC			ST - ZIP				1.0	
23 STREET ADDRESS 23 STREET ADDRESS 24 CHY - ST - ZIP					[] Dereit						L	j Unan	ige [] Addition
24 GIY-SI-ZIP	Į.					4		*2000000					
DELETE DELETE 3 1 TITLE Change Addition NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 C-TY ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP CHANGE Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP CHANGE Addition CHANGE Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP CHANGE Addition CHANGE ADDRESS CHANGE ADDRESS	Į.					•							
NAME	TITLE				□ DELE1É			11.71				1 Char	nae 🗆 Addution
STREET ADDRESS 33 SHREET ADDRESS 34 CHY-ST-ZIP 35 STREET ADDRESS 42 STREET ADDRESS 42 STREET ADDRESS 44 CHY-ST-ZIP 44 CHY-ST-ZIP 54 CHY-ST-ZIP 54 CHY-ST-ZIP 54 CHY-ST-ZIP 54 CHY-ST-ZIP 54 CHY-ST-ZIP 66 STREET ADDRESS 66 STRE	NAME										L	,	
34 CITY - ST - ZIP	STREET ADDRESS							LADORESS					
DELETE	CITY - ST - ZIP					3 4 CI	TY - S	1-7 _P					
A 3 SIREET ADDRESS A 4 C-TY ST-2IP Addition	TITLE				DELETE							Char	ge 🔲 Addition
A 4 C-TY ST-ZIP	NAME					4.2 N/	ME						
	STREET ADDRESS					4351	REET	ADDRESS					
NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY+ST-ZIP 54 CITY+ST-ZIP DELETE 61 TITLE Change Addition NAME 52 NAME 62 NAME 53 STREET ADDRESS 64 CITY+ST-ZIP 64 CITY+ST-ZIP	C:TY-ST-ZiP					44C	TY S	i I - ZIF					
	TITLE				DELETE	5 1 7	II E				Ē	Chan	ige 🔲 Addition
	NAME					5.2 NA	M:						
Title DELETE 6.1 Title Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP	STREET ADDRESS					5351	REET	ADDRESS					
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP	CITY-ST-ZIP					···		1 - 210					
STREET ADDRESS 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	TITLE				☐ DELETE		-] Chan	ge 🔲 Addition
CITY-ST-ZIP 6-4 CITY-ST-ZIP	NAME												
	STREET ADDRESS					6.3.81	Rill	ADDRESS					
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	CITY-ST-ZIP		th = !-/		Al to Physics and Allert A								

certify that the information indicated on this around report or supplemental around report is true and accurate and that my signature shall have the same legal effect as if made under early 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 chapter 6 or an advantment of 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 chapter 6 or an advantment of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)854-4333