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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000025097 (3)**

1. Corporation Name

SAVAGE INC.

Principal Place of Business	Mailing Address
8740 W. MAYO DR. SUITE 3 CRYSTAL RIVER FL 34429	8740 W. MAYO DR. SUITE 3 CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 8710 W. Mayo Dr.
Suite, Apt. #, etc.
22 #68
City & State
23 Crystal River, FL
Zip 24 34426 Country 25 USA

2a. Mailing Address
26 8710 W. Mayo Dr.
Suite, Apt. #, etc.
27 #68
City & State
28 Crystal River, FL
Zip 29 34429 Country 30 USA

4. FEI Number: 59-3305821 ☐ 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

SAVAGE, DEWEY B
8740 W. MAYO DR.
SUITE 3
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: Savage, Dewey B.
82 Street Address (P.O. Box Number is Not Acceptable)
83 8710 W. Mayo Dr.
#68
84 City: Crystal River FL 85 Zip Code: 34429

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: Dewey B. Savage (Signature of typed or printed name of registered agent and title if applicable) Dewey B. Savage P/D (NOTE: Registered Agent signature required when changed) March 29, 1996 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, MARLIN L 3635 TEESIDE DR NEW PORT RICHEY FL 34655	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, ANNA J 3635 TEESIDE DR NEW PORT RICHEY FL 34655	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, DEWEY B 110 MAGNOLIA RD STERLING VA 20164	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	P/D 1547 N. Wintergreen Terr. Crystal River, FL 34429	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V/D Savage, Clay O. 1884 Oak St. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Anna Jean Savage Anna Jean Savage 3/29/96 352-795-2626
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)