

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 # P95000064546

1. Corporation Name

SOUTH FLORIDA REMODELING, INC.

Principal Place of Business

**5436 West Ingraham St.
Tampa, Florida 33616**

Mailing Address

**5436 West Ingraham St.
Tampa, Florida 33616**

3. Date Incorporated or Qualified
Aug. 18, 1995

3a. Date of Last Report
N/A

4. FEI Number

59-3372052

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **5436 West Ingraham St.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **5436 West Ingraham St.**
Suite, Apt. #, etc.

City & State

23 **Tampa, Florida**
Zip Country

City & State

28 **Tampa, Florida**
Zip Country

24 **33616**

25 **Hillsborough 33616**

30 **Hillsborough**

9. Name and Address of Current Registered Agent

**Joel Hill
4040 West Kennedy Boulevard
Suite 686
Tampa, Florida 33609**

81 Name

Joel Hill

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

5436 West Ingraham St.

83

84 City

Tampa

FL

85 Zip Code

33616

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

Joel Hill, Registered Agent

Signature typed or printed name of registered agent and the corporation

OK

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Joel Hill**
CITY-STATE-ZIP **5436 West Ingraham St.
Tampa, Florida 33616**

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **James A. Faulkner**
CITY-STATE-ZIP **5436 West Ingraham St.
Tampa, Florida 33616**

TITLE ☐ DELETE
NAME **Secretary**
STREET ADDRESS **Joel Hill**
CITY-STATE-ZIP **5436 West Ingraham St.
Tampa, Florida 33616**

TITLE ☐ DELETE
NAME **Treasurer**
STREET ADDRESS **Joel Hill**
CITY-STATE-ZIP **5436 West Ingraham St.
Tampa, Florida 33616**

TITLE ☐ DELETE
NAME **Director**
STREET ADDRESS **Joel Hill**
CITY-STATE-ZIP **5436 West Ingraham St.
Tampa, Florida 33616**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

800001808098
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*****200.00**

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:

Joel Hill, President

(813) 651-0790

CR2E034 (12/95)