

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 # **P95000081937 (1)**

1. Corporation Name
STATEWIDE REMODELING OF ORLANDO, INC.



Principal Place of Business: **4301 VINELAND, SUITE E-2 ORLANDO FL 32811**
Mailing Address: **4301 VINELAND, SUITE E-2 ORLANDO FL 32811**

3. Date Incorporated or Qualified: **10/25/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3350487**
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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **4203 VINELAND RD.**
Suite, Apt. #, etc.: **STE K-14**
City & State: **ORLANDO FL**
Zip: **32811** Country: []
2a. Mailing Address
26 **4203 VINELAND RD.**
Suite, Apt. #, etc.: **STE K-14**
City & State: **ORLANDO FL**
Zip: **32811** Country: []

9. Name and Address of Current Registered Agent
**TEW, ZINOBER, BARNES, ZIMMET & UNICE
2655 MCCORMICK DRIVE
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent
81 Name: **Carlton, Fields, Ward, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable): **255 South Orange Avenue**
83 []
84 City: **Orlando** FL 85 Zip Code: **32802**

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: *Thomas R. Brown* 4/25/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOLLY, ERIC J	
STREET ADDRESS	8355 CYPRESS COE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819-5324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: *Eric J. Jolly*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ERIC J. JOLLY**

4/19/96 (407) 841-2772
Date: [] Docket # []

CR2E034 (12/95)