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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009671 (4)

UNLIMITED RENOVATIONS, INC.

Principal Place of Business 3006 STILLWELL DRIVE BLVC CRESTVIEW FL -02536Mailing Address

FILED Jan 16 1998 8:00am Secretary of State



3006 STILLWELL DRIVE BIVO CRESTVIEW FL 32536-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1996 2. Principal Place of Business 4. FEI Number Applied For 59-3355303 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POWELL, DIXIE D **422 NO MAIN STREET** 82 Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 83 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 Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change 1.1 TITLE TITLE WESTFALL, PATRICK 1.2 NAME NAME 3006 STILLWELL DRIVE STREET ADDRESS 1.3 STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP 1.4 CITY - ST- ZIP VSTD DELETE Addition Change TITLE 2.1 TITLE WESTFALL, BARBARA NAME 2.2 NAME 3006 STILLWELL DRIVE 2.3 STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP ___ DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I), 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.

estfall Barbara F. Westfall