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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078502 (7)

S AND L RENOVATORS, INC.

3418 DEER LANE DRIVE 3418 DEER LANE DRIVE TALLAHASSEE FL 32312-1604 TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name LINES. V. EARL 3418 DEER LANE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32312 83 Zip Code 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. Familian with, and accept the obligations of, Section 607.0505, Florida Statutes.

(NOTE: Registered Agent signature required when reinstating) Superfice types or principlinatic of registered agent and title if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TIME 1 1 TITLE SWISHER, J. HARVEY 1.2 NAME NAME 3014 BRANDEMERE DRIVE STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32312 1.4 CITY - ST - ZIP DELETE Change Addition TOTAL 21 TITLE NAM LINES, V. EARL 2.2 NAME STREET ADDIRESS 3418 DEER LANE DRIVE 2.3 STREET ADDRESS TALLAHASSEE FL 32312 CHEY-ST ZIE 2.4 CITY - ST - ZIP DELETE Change Addition TOTAL 3.1 TITLE NAME 3.2 NAME STREET ASSORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY S1-76 ☐ DELET€ 41 TITLE Change Addition HJ. 4.2 NAME NAM STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-SI-ZIP Change DELETE Addition THE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CitY+S*+7i9 5.4 CITY-ST-ZIP DELETE Change Addition HELE 6 1 THEF NAMI 6.2 NAME STEELT ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. It do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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 received sytusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in thick 12 or block 13 if changed, or op an altresty point juit an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #

Oate

(96/6)

FILED

Apr 03 1997 8:00am

Secretary of State