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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 02 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078502 (7)

14. I horeby certify that the information supplied with this filing does not que indicated on this annual report or supplemental annual report is true an officer or director of the corporation or the receiver or trusted empower Block 12 or Block 13 if changed, or on an attacking in 1 in an address.

S AND L RENOVATORS, INC.

Principal Place of Business Mailing Address						-{	NATA KAMBAN BARBAN MASAK MANJAN AMBA KAMBA	
3418 DEER LANE DRIVE 3418 DEER LANE DRIVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312								
			•			DO NOT WRITE IN T	THIS SPACE	
						3. Date Incorporated or Qualified 09/20/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				59-3402002	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip 24	F-9 ' F-9		Counti	У		 This corporation owes or has paid the Personal Property Tax due June 30. 	e current year Intangible	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	ered Agent	
LIN	NES, V. EARL		8	Name	Э			
3418 DEER LANE DRIVE TALLAHASSEE FL 32312			8:	Stree	t Addre	dress (P.O. Box Number is Not Acceptable)		
""			8:	1				
1			84	City			85 Zip Code	
dd D		00 4 COZ 4500 Elvida Brat		<u> </u>			<u> </u>	
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 a	m familiar with, and accept the oblig	jations of, Section 607.0505, F	lorida Statute	S.				
SIGNATURE	Signature, typed or printed name of registered ag	cost and little if availing only	11. Control of A	and alcondu	do roo itor	s when reinstating)	ATE	
12.		ID DIRECTORS	13.	jene signani	- required	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELET e	1.1 1ITLE		T		Change Addition	
NAME	SWISHER, J. HARVEY		1.2 NAME					
STREET ADDRESS	3014 Brandemere Drive	1.3 STREET ADDRESS		;				
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CHY-	ST-ZIP				
TITLE	D	☐ DELETE	21 TITLE				☐ Change ☐ Addition	
NAME	LINES, V. EARL		2.2 NAME					
STREET ADDRESS	3418 DEER LANE DRIVE		2.3 STREE	T ADDRESS	,			
CITY-ST-ZIP	TALLAHASSEE FL 32312		2. 4 CITY	- ST - ZIP				
TITLE	, , ,	☐ DELETE	3.1 TITLE				Change Addition	
NAME	3.21		3.2 NAME					
STREET ADDRESS			3.3 STREE	1 Address				
CITY-ST-ZIP			3.4. CITY	S1-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change ☐ Addition	
NAME			4. 2 NAMI					
STREET ADDRESS			4.3 STREE	4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5 1 TIFLE		1		Change Addition	
NAME			5.2 NAME		1			
STREET ADDRESS			53 STREE	1 Address				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	4			
TITLE		DELETE	6 1 TITLE				☐ Change ☐ Addition	
NAME			6.2 NAME		1			
STREET ADDRESS			6.3 STREE	T ADDRESS	-		i	

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in