SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

2116 SUNNYDALE BLVD

CLEARWATER FL 33765

Suite, Apt. #, etc.

City & State

US

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FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

P96000087196 DOCUMENT #

Country

9. Name and Address of Current Registered Agent

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P & R RENOVATIONS, INC.

Mailing Address

P.O. BOX 6521

2a. Mailing Address

City & State

Suite, Apt. #, etc.

POBOX 6521

learwa

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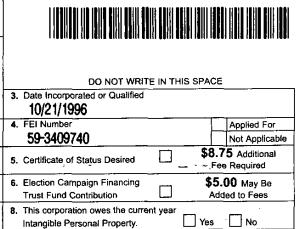
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**CLEARWATER FL 34618** 

**FILED** Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90012 010 \*\*\*550.00



10. Name and Address of New Registered Agent

EVANS, ARTHUR C Street Address (P.O. Box Number is Not Acceptable) 1759 RAGLAND COURT **CLEARWATER FL 34625** 83 84 Zip Code City 85

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	le (NO	TE: Registered Agent signatu	ne required when reinstating)	DA*		
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CH	HANGES TO OFFICERS	AND DIRECTORS IN	12
TITLE	D	DELETE	1.1 TITLE		<u> </u>	Change A	dditio
NAME	LESLIE, ROBERT A II		1.2 NAME			( -	
STREET ADDRESS	1917 PALM DRIVE		1.3 STREET ADDRESS	2379 Dem	aret DR		
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY-ST-ZIP	2379 Dem Duveden	34698		
TITLE	·D	DELETE	2.1 TITLE			Change A	dditio
NAME	LESLIE, PATRICIA A		2.2 NAME		- 4.		
STREET ADDRESS	1917 PALM DRIVE		2.3 STREET ADDRESS	2379 Dem	aret DR.		
CITY-ST-ZIP	CLEARWATER FL 34623	-	2.4 CITY-ST-ZIP	2379 Dem Dunedin	34698		
TITLE		DELETE	3.1 TITLE			Change A	dditio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change A	dditio
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		<del></del>	Change A	dditio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change A	dditio
NAME			6.2 NAME	<i>,</i>			
STREET ADDRESS			6.3 STREET ADDRESS				
TITY ST. ZID			6.4 CITY-ST-7/P				

14. I 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 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 acceiver of 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: