SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000073206 (9)

MCDURFEE HOME IMPROVEMENT, INC.

FILED Aug 17 1998 8:00am Secretary of State

A I DECIRE A 1970 CONTACTO DE CONTACTO DE

| SARASOTA FL 3/231 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Gualified SARASOTA FL 3/231 SARASOTA FL 3/231 SARASOTA FL 3/231 SARASOTA FL 3/231 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Gualified SARASOTA FL 3/231 S | | | | | | | |
|--|--|---|--|--|--|---|---|
| 2. Principal Place of Business | Principal Plac | e of Business | Malling Address | | | 1 | |
| 2. Principal Place of Business | 1215 N PALM | NE-2604 REGATTA | CAPAGOTA EL 24221 | ach Ke | 29 A 44 A | e pe. | |
| 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For Not Applied For | ONTROUTE TE STEET ON THE STEET | | | | | DO NOT WRITE IN THIS SPACE | |
| 2. Principal Pilace of Business 2. a. Malling Address 2. b | | | | | | | |
| 2. Principal Pilace of Business 2. A. Melling Address Sulfe, Apt. #, etc. Sulfe, Apt. #, etc | | | | | | 08/22/1997 | |
| Sulfe, Ap.I. #, etc. | 2. Principal Place of Business 2a. Mailing Address | | | | | | Applied For |
| Suite, Apt. #, etc. 22 27 City & State City & Country City & State | 21 | 1 26 | | | | 128-178221-9 | |
| Page | | | | | | W | |
| City & State Country 2 C | ├ ┐ | | 27 | • • | | 5. Certificate of Status Desired | |
| Zip Country Zip Country Zip Country Repaired Agent Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of New Registered Agent | | | | | | 6. Election Campaign Financing | \$5.00 May Bo |
| Zip Country Zip Country Zip Country | 23 | 3 | | | | | |
| B. Name and Address of Current Registered Agent CASWELL & HARRIS PA 1215 N PALM AVE SARASOTA FL 34231 82 Street Address (P.O. Box Number is Not Acceptable) 84 City | Zip | Country Zip | | Country | | 8. This corporation owes or has paid the o | urrent year Intangible |
| B. Name and Address of Current Registered Agent CASWELL & HARRIS PA 1215 N PALM AVE SARASOTA FL 34231 82 Street Address (P.O. Box Number is Not Acceptable) 84 City | 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. Yes No | |
| 11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida. Statutes, the above-termed corporation submits this statement for the purpose of changing its registered of the corporation agent, and marrial marrial with, and accept the obligations of, section 607.0505. Florida Statutes. SIGNATURE The composition of power of provisions of sections 607.0502 and 607.1508. Florida Statutes. The above-termed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authoritied by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE The composition of sections 607.0502 and 607.1508. Florida Statutes. The above-termed corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida Statutes. SIGNATURE The composition of sections 607.0502 and 607.1508. Florida Statutes. The registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I hereby accept the appointment as registered of floreofors. I he | | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Registere | d Agent |
| 12.15 N PALM AVE SARASOTA FL 34231 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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, 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, and accept the obligations of, section 607.0505, Florida Statutes SIGNATURE (NOTE Registered Agent algorithm required when relutation) DATE 12. | CAS | WELL & HARRIS PA | | 8 | 1 Name | | |
| SARASOTA FL 34231 83 84 | | | | <u>.</u> | 92 Street Address (D.O. Boy Alimber in Not Acceptable) | | |
| 83 84 City FL 85 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 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, 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 and familiar with, and accept the obligations of yes ection 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rame of registered agent and title # applicable (NOTE Regulated Agent alignature required when reinstating) DATE. 12. | | | | " | Street Address (P.O. Box Number is Not Acceptable) | | |
| ### PLEAD CONTROLL OF THE PROPOSE OF SOCIONS 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 and remiliar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed neme of registered agent and tike if accidance. | 0/10/00 | | | 8: | 3 | | |
| 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 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 and the Statutes. SIGNATURE | | | | 8- | 1 City | | 85 Zip Code |
| 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 and the bidgations of, section 607,0505, Florida Statutes. SIGNATURE 12. | | | | | | | |
| SIGNATURE Signature, typed or printed name of legistered agent and tille if applicable (NOTE Registered Agent alignature required when reinstating) DATE | 11. Pursuant office or agent 1: | t to the provisions of sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obti | 02 and 607.1508, Florida Statu le of Florida. Such change was gations of section 607.0505. F | tes, the above authorized b lorida Statute | e-named corp y the corpora | oration submits this statement for the purpose of tion's board of directors. I hereby accept the app | changing Its registered ointment as registered |
| Signalus, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent algonature required when reinstating) DATE | | | B 2 | TOTAL CIRCLE | , | | |
| TITLE D OBLETE 15TITLE STREET ADDRESS 2604 REGATTA DR 13 STREET ADDRESS CITY-STZIP SARASOTA FL 34231 1.4 CITY-STZIP CHange Addition NAME STREET ADDRESS CITY-STZIP ADDRESS STREET | SIGNATORE | Signature, typed or printed name of registered ag | ent and title if applicable. (| NOTE: Registered | Agent signature re | quired when reinstating) DATE | |
| NAME STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 DELETE 2.1 TITLE NAME 2.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP TITLE 5.5 NAME 5.6 STREET ADDRESS CITY-ST-ZIP TITLE 5.6 STREET ADDRESS CITY-ST-ZIP TITLE 6. STREET ADDRESS CITY-ST-ZIP TITLE 7. Change 7. Addition | 12. | OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP | TITLE | - | DELETE | 1.1 TITLE | | | Change Addition |
| CITY-ST-ZIP SARASOTA FL 34231 | NAME | | | 1.2 NAME | | | |
| TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME 2.2 NAME | STREET ADDRESS | 2604 REGATTA DR | | 1.3 STREE | TADDRESS | | |
| NAME | CITY-ST-ZIP | SARASOTA FL 34231 | | 1.4 CITY-5 | ST-ZIP | | |
| STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TITLE | | DELETE | 2.1 TITLE | | | Change Addition |
| CITY-ST-ZIP | NAME | | | 2.2 NAME | | | |
| TITLE | STREET ADDRESS | | | 2.3 STREE | TADDRESS | | |
| NAME STREET ADDRESS S.2 NAME STREET ADDRESS S.2 NAME STREET ADDRESS S.3 STREET AD | CITY-ST-ZIP | | | 2.4 CITY-5 | IT-ZIP | | ا م |
| NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.5 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP | TITLE | | DELETE | 3.1 TITLE | | | Change Addition |
| STREET ADDRESS SA CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP STREET ADDRESS SA CITY-ST-ZIP SA C | NAME | | | 3.2 NAME | | | |
| TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.2 NAME Change Addition STREET ADDRESS 4.3 STREET ADDRESS City-st-zip Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | |
| NAME \$12 NAME \$12 NAME \$13 STREET ADDRESS \$13 STREET ADDRESS \$14 CITY-ST-ZIP \$17 ULE \$17 ULE \$17 ULE \$17 ULE \$17 ULE \$18 STREET ADDRESS \$18 STREET ADDRESS | CITY-ST-ZIP | _ | | 3.4 CITY-S | IT-ZIP | | ₹. |
| NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CHY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP 6.4 CHY-ST-ZIP | TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP | NAME | | | 4.2 NAME | | | |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME \$1.5 STREET ADDRESS \$1.5 STREET | STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | : |
| TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | CITY-ST-ZIP | | | | | | |
| NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP | TITLE | | DELETE | | | | Change Addition |
| STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP | NAME | | L 200010 | 5.2 NAME | | | |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP | STREET ADDRESS | | | | TADDRESS | | * }} |
| | | | | | - 1 | | • |
| NAME STREET ADDRESS STREET | TITLE | | Decere | | | | Change Addition |
| STREET ADDRESS -08/20/9801006023 /2 STREET ADDRESS +*150.00 | | | L] DECETE | | | 2000026204 | 462 Audition |
| CITAST 70 844 150.00 | | | | | TADDRESS | -08/20/98 01006 | -023 1 ²² |
| DECAMAN I | CITY-ST-ZIP | | | | | ***150.00 | 8117 |

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 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.



Dfg.

McDURFEE HOME IMPROVEMENT, INC.

Michael McDurfee 2604 Regatta Drive Sarasota, Florida 34231

Lic. # CRC056963

Telephone (941) 924-6407 Fax (941) 924-6407

July 22, 1998

Division of Corporations Annual Reports Filing PO Box 1500 Tallahassee, FL 32302-1500

Re: McDurfee Home Improvement, Inc. - Annual Report

Dear Sir or Madam:

This is to inform you that the First Annual Report was never received by McDurfee Home Improvement, Inc. due to the Divisions use of an incorrect address contrary to the Articles of Incorporation. I am requesting that the \$400.00 additional fee be waived. Please see attached copies of attorney's letters verifying this information.

Thank you in advance for your help.

Milhal Mi aug

Sincerely,

Michael McDurfee

Enclosure