

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000014288

1. Corporation Name
SAVCO, INC.

Principal Place of Business
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

Mailing Address
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90020 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1998

4. FEI Number
59-3498646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 10075 Ulmerton Road
Suite, Apt. #, etc.

2a. Mailing Address
26 10075 Ulmerton Road
Suite, Apt. #, etc.

City & State
23 Largo, Florida

City & State
28 Largo, Florida

Zip Country
24 33771 25 Pinellas

Zip Country
29 33771 30 Pinellas

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESO
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

10. Name and Address of New Registered Agent

81 Name
Betty Savoretti
82 Street Address (P.O. Box Number is Not Acceptable)
10075 Ulmerton Road
83
84 City
Largo FL 85 Zip Code
33771

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

Betty Savoretti

BETTY SAVORETTI, PRESIDENT 4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TISCHIO, ELLEN M
STREET ADDRESS 1245 COURT STREET SUITE 102
CITY-ST-ZIP CLEARWATER FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director ☐ Change ☒ Addition
1.2 NAME Betty Savoretti
1.3 STREET ADDRESS 10075 Ulmerton Road
1.4 CITY-ST-ZIP Largo, Florida 33771

2.1 TITLE VP, Secy., Treas. and Director ☐ Change ☒ Addition
2.2 NAME Gail Allen
2.3 STREET ADDRESS 10075 Ulmerton Road
2.4 CITY-ST-ZIP Largo, Florida 33771

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 727-585-6675

CR2E034 (11/98)