

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90181 039 ***150.00

DOCUMENT # P98000072057

1. Corporation Name

COMMERCIAL RENOVATION CONTRACTORS, INC.

Principal Place of Business
7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address
7439 E. HILLSBOROUGH AVE.
TAMPA FL 33610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 334 East Lake Road

Suite, Apt. #, etc.

22 106

City & State

23 Palm Harbor, FL

Zip

24 34685

Country

25 USA

2a. Mailing Address

26 334 East Lake Road

Suite, Apt. #, etc.

27 Suite 106

City & State

28 Palm Harbor, FL

Zip

29 34685

Country

30 USA

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

59-3528243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

KASTES, PAUL F
4958 CROSS POINTE DR.
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

Kastes, Paul F.

82 Street Address (P.O. Box Number is Not Acceptable)

2800 Westchester Drive North

83

84 City

Clearwater

FL

85 Zip Code

33761

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

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

Paul Kastes

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/99

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE
NAME KASTES, PAUL F
STREET ADDRESS 4958 CROSS POINTE DR.
CITY-ST-ZIP OLDSMAR FL 34677

TITLE DVP ☐ DELETE
NAME WERMTER, ARNOLD B
STREET ADDRESS 1561 BELLROSE DR.
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Kastes, Paul F.
1.3 STREET ADDRESS 2800 Westchester Drive North
1.4 CITY-ST-ZIP Clearwater, FL 33761

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Wermter, Arnold B.
2.3 STREET ADDRESS 1561 Bellrose Drive
2.4 CITY-ST-ZIP Clearwater, FL 33756

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/99 813/601-9222

Daytime Phone #

CR2E034 (11/98)

0389456