

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).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90005 031 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000100258

1. Corporation Name
ACE REPAIR & REMODELING, INC.



Principal Place of Business
 7391 OVERLAND RD
 ORLANDO FL 32810

Mailing Address
 7391 OVERLAND RD
 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 11/25/1998

2. Principal Place of Business
 21 **6821 Gadwall Ln.**
 Suite, Apt. #, etc.

2a. Mailing Address
 28 **6821 Gadwall Ln.**
 Suite, Apt. #, etc.

4. FEI Number
59-3547371
 Applied For
 Not Applicable

22 City & State
 23 **Orlando Florida**

27 City & State
 28 **Orlando Fl.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **32810** 25 Country **USA**
 29 Zip **32810** 30 Country **USA**

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

9. Name and Address of Current Registered Agent
PHILLIPS, DAVID A
 7391 OVERLAND RD
 ORLANDO FL 32810

10. Name and Address of New Registered Agent
 81 Name **Phillips David A**
 82 Street Address (P.O. Box Number is Not Acceptable)
6821 Gadwall Ln
 83
 84 City **Orlando** FL 85 Zip Code **32810**

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 **David A Phillips** **David A Phillips** **President** **7/1/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DAVID A	1.2 NAME	Phillips David A
STREET ADDRESS	7391 OVERLAND RD	1.3 STREET ADDRESS	6821 Gadwall Ln.
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	ORLANDO FL 32810
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPRIEST, LAYNE E	2.2 NAME	De Priest Layne E.
STREET ADDRESS	7391 OVERLAND RD	2.3 STREET ADDRESS	6821 Gadwall Ln.
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	ORLANDO FL 32810
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **David A Phillips** **David A Phillips** **7/15/99** **407 2997787**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)