

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, DAVID A</b>	1.2 NAME	<b>Phillips David A</b>
STREET ADDRESS	<b>7391 OVERLAND RD</b>	1.3 STREET ADDRESS	<b>6821 Gadwall Ln.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	1.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEPRIEST, LAYNE E</b>	2.2 NAME	<b>De Priest Layne E.</b>
STREET ADDRESS	<b>7391 OVERLAND RD</b>	2.3 STREET ADDRESS	<b>6821 Gadwall Ln.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	2.4 CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
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)