

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90122 001 ***150.00

DOCUMENT # S85893

1. Corporation Name

SAAVE & ASSOCIATES, INC.

Principal Place of Business

505 NORTH ROME AVENUE
TAMPA FL 33606
US

Mailing Address

P.O. BOX 4240
TAMPA FL 33677
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1991

4. FEI Number

59-3093379

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

SAAVEDRA, JANICE
4901-B RIO VISTA DR
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

Saavedra, Janice

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

13605 Garris Street

83

Hudson, FL 34667

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. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME SAAVEDRA, JANICE
STREET ADDRESS 4901-B RIO VISTA DR
CITY-ST-ZIP TAMPA FL

TITLE STD
NAME SAAVEDRA, MARTIN
STREET ADDRESS 4901-B RIO VISTA DR
CITY-ST-ZIP TAMPA FL

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

PD Saavedra, Janice

1.2 NAME

13605 Garris Street

1.3 STREET ADDRESS

Hudson, FL 34667

1.4 CITY-ST-ZIP

2.1 TITLE

STD

2.2 NAME

Saavedra, Martin

2.3 STREET ADDRESS

13605 Garris Street

2.4 CITY-ST-ZIP

Hudson, FL 34667

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)