

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V55583 (1)**

1. Corporation Name  
**SAVIDGE MANAGEMENT AND CONSULTING, INC.**



Principal Place of Business: 11120 HWY 41 S, GIBSONTON FL 33534, US  
Mailing Address: 7620 LOVEGREN LN, GIBSONTON FL 33534-5328, US

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
08/03/1992	05/26/1995
4. FEI Number	Applied For
59-3140820	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAVIDGE, WARREN R 7620 LOVEGREN LANE GIBSONTON FL 33534				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 installing.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SAVIDGE, WARREN R. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIDGE, WARREN R.	1.2 NAME	
STREET ADDRESS	7620 LOVEGREN LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	1.4 CITY-ST-ZIP	
TITLE	D SAVIDGE, ALICE P. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIDGE, ALICE P.	2.2 NAME	
STREET ADDRESS	7620 LOVEGREN LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	2.4 CITY-ST-ZIP	
TITLE	D SAVIDGE, RONALD W. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIDGE, RONALD W.	3.2 NAME	
STREET ADDRESS	7620 LOVEGREN LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	3.4 CITY-ST-ZIP	
TITLE	D SAVIDGE, DEBRA M. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVIDGE, DEBRA M.	4.2 NAME	
STREET ADDRESS	7620 LOVEGREN LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W.R. Savidge WARREN R. SAVIDGE 21 MAR '96 (813) 671-7812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida #

CR2E034 (12/95)