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CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:37

DOCUMENT # J95068 (9)  
1. Corporation Name  
**HOME-TECH SERVICE OF COLLIER COUNTY, INC.**

Principal Place of Business: 18090 S. TAMIAH TRAIL, FT. MYERS FL 33908  
Mailing Address: 18090 S. TAMIAH TRAIL, FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1987		03/10/1994			
City & State		City & State		4. FEI Number		Applied For			
Zip		Country		65-0015116		Not Applicable			
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		8. Additional Fee Required			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75			
						\$5.00			

9. Name and Address of Current Registered Agent  
**COSTELLO, TRUMAN J.  
8250 COLLEGE PARKWAY  
SUITE 103  
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	State (FL)
B6	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 the corporation (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARINO, STEVEN L.
STREET ADDRESS	15151 SWEETWATER CT
CITY - ST - ZIP	FT. MYERS FL
TITLE	SD
NAME	MARINO, SHARON M.
STREET ADDRESS	15151 SWEETWATER CT
CITY - ST - ZIP	FT. MYERS FL
TITLE	VD
NAME	PHILPOT, DAVID
STREET ADDRESS	2376 OUTRIGGER LANE
CITY - ST - ZIP	NAPLES FL
TITLE	JD
NAME	PHILPOT, MITZ
STREET ADDRESS	2376 OUTRIGGER LANE
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

No Longer with the Company

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 110.07(9)(b), 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: Sharon Marino Sharon MARINO 3/20/95 (813) 433-3344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR