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95 APR 14 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K18678 (8)

1. Corporation Name
INSURANCE HANDYMAN, INC.

Principal Place of Business % FLOYD BREEDLOVE KEARSON 372 SW 4TH ST FLORIDA CITY FL 33034	Mailing Address % FLOYD BREEDLOVE KEARSON 372 SW 4TH ST FLORIDA CITY FL 33034
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1988	3a. Date of Last Report 02/08/1994
4. FEI Number 65-0049907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 316 West Palm Drive Suite, Apt. #, etc. #3 City & State Florida City, Florida Zip 33034 Country U.S.A.	2a. Mailing Address 26. 372 SW 4th Street Suite, Apt. #, etc. City & State Florida City, Florida Zip 33034 Country U.S.A.
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9. Name and Address of Current Registered Agent

**KEARSON, FLOYD BREEDLOVE
372 SW 4TH ST
FLORIDA CITY FL 33034**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Floyd B. Kearson* **Floyd B. Kearson - Pres.** Date **4/10/95**

(Signatures, titles or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEARSON, FLOYD B.
STREET ADDRESS	372 SW 4TH ST
CITY ST ZIP	FLORIDA CITY FL
TITLE	VS
NAME	KEARSON, SONI R.
STREET ADDRESS	372 S.W. 4TH STREET
CITY ST ZIP	FLORIDA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 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	

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(3)(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 in connection with an addition.

SIGNATURE: *Floyd B. Kearson* **Floyd B. Kearson - Pres.** Date **4/10/95** (305) 242-8900

(Signature and Typed or Printed Name of Signing Officer on Director) (Date)