FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L55840** **(7)**

1. Corporation Name
FOR THE HANDYPERSON, INC.

Principal Place of Business
5401 SHORE BLVD.
GULFPORT FL 33707

Mailing Address
5401 SHORE BLVD.
GULFPORT FL 33707

Same As Above

2. Principal Place of Business [21]

2a. Mailing Address [26]

Suite, Apt. #, etc. [22]

Suite, Apt. #, etc. [27]

City & State [23]

City & State [28]

Zip [24] Country [25]

Zip [29] Country [30]

3. Date Incorporated or Qualified: **03/08/1990**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **62-1514914** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

DEMARY, JILL A.
4749 BAYWOOD POINT DRIVE, SOUTH
GULFPORT FL 33707

10. **Name and Address of New Registered Agent**

81 Name: JILL A DEMARY
82 Street Address (P.O. Box Number is Not Acceptable): 5401 —
83: SHORE BLVD.
84 City: GULFPORT, FL — FL — 85 Zip Code: 33707

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: Jill A Demary — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name is being — DATE: 3/20/96

12. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
D	DEMARY, JILL A. 4749 BAYWOOD PT., DR GULFPORT FL	☐
D	DEMARY, BRUCE C. 4749 BAYWOOD PT., DR GULFPORT FL	☐
		☐
		☐
		☐
		☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐	☐
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐	☐
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 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: Jill A Demary — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/20/96 — Daytime Phone: 8133278005

CR2E034 (12/95)