	12 12 12 12 12 12 12 12 12 12 12 12 12 1	Man Man All As	1000011, 1000.	- Donald O Named Danet Hall 25
	DDOCET			Amended AmpphoVegort \$601.25
,	PROFIT	FLORIDA DEPART	MENT OF STATE	AND
	RPORATION AND TO THE PROPERTY OF THE PROPERTY	Sandra B.	Mortham	FILED
i	JAL REPORT	Secretary	of State	
1996 DIVISION OF CORPORATIONS			1996 OCT 25 AM 11: 20	
DOCUMENT # 1950000299 7 2				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Handyman Home Repair Service Of Pinellas, Inc.				THE THE PARTY OF T
Principal Place of Business Mailing Address				
11327 - 43rd Street North				5.50 Sec. 10.00
Clearwater, Florida 34622				
•			3. Date Incorporated or Qualified 38. Date of Last Report	
				3/24/95 1/96
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3307835 Not Applicable
Suite, Apt.	44,	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired See Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 :	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
Angelo J. DiSalvatore			Address (P.O. Box Number is Not Acceptable)	
11327 - 43rd Street N.				
Clearwater, Florida 34622				
			84 City	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 of fire or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as 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			Angelo I	DiSalvatore 9/23/96
	Signature typed or printed name of registered agent a OFFICERS AND I		Registered Agent signature	
12.		NOT DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Secretary/Treasurer Addition
NAME	Secretary/Treasure	C	1.2 NAME	Secretary/Treasurer
STREET ADDRESS	Richard J. Fabrizi		1.3 STREET ADDRESS	Laura Stewart 11327 - 43rd Street North Clearwater, Florida 34622
CITY-ST-ZIP	11327 - 43rd STreet Clearwater, Florida	t North	1.4 CITY - ST - ZIP	Clearwater, Florida 34622
TITLE		DELETE	21 TITLE	Angelo J. Disalvatore Change X Addition
NAME			22 NAME	President
STREET ADDRESS			23 STREET ADDRESS	11327- 43rd Street North
CITY-ST-ZIP			2. 4 CiTY - ST - ZIP	Clearwater, Florida 34622
TITLE		DELETE	3.1 TITLE	Vice President Change X Addition Frank Marciano
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	11327-43rd Street North
CITY-ST-ZIP	·	—— ——————————————————————————————————	3.4. CITY - ST - ZIP	Clearwater, Florida 34622
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	000001000079
STREET ADDRESS			4.3 STREET ADDRESS	9000019889790
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - ZIP	*******61.25 ***********************************
TITLE		L DELETE	5.1 TITLE	ANTALANOI LEO FAMORINO ATALANOMINA
NAME			5.2 NAME	
STREET ADDRESS	•		5.3 STREET ADDRESS	
CITY-SQ ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change [6] Addition
NAME			6.2 NAME	T 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
STREET ADDRESS			6.3 STREET ADDRESS	134aPW
CITY-ST-ZIP			6.4 CITY-ST-ZIP	101 m.
14 I do hereb	by certify that the information supplied w	ith this filing is voluntarily furn	ished and does not d	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further certify that the information indicated on this annual report is 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 / chapted or on a particular without address				
that my na	ame appears in Block 12 o Block 13 /c	haliged or/on a lattachment	withun address	, , , , and a state of the stat
SIGNATURE: /W// 1777/1/1 9/24/96 812-571-2468				
SIGNATURE: SICHATURE ALOT PRO GENERAL SIGNAL OFFICE ROLL SIGNAL OFFICE				