

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000074827

**Entity Name:** HANDY HICKS CORP.

**Current Principal Place of Business:**

5455 S. SUNCOAST BLVD., SUITE #52  
HOMOSASSA, FL 34446

**Current Mailing Address:**

5455 S. SUNCOAST BLVD., SUITE #52  
HOMOSASSA, FL 34446 US

**FEI Number:** 92-0532360

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HICKS, JOSHUA  
5455 S. SUNCOAST BLVD., SUITE #52  
HOMOSASSA, FL 34446 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name HICKS, JOSHUA  
Address 5455 S. SUNCOAST BLVD., SUITE #52  
City-State-Zip: HOMOSASSA FL 34446

Title OFF  
Name TUCRER, CHARLES  
Address 4664 S. QUIET TERRACE  
City-State-Zip: HOMOSASSA FL 34446

Title BD  
Name HICKS, JOSHUA  
Address 5455 S. SUNCOAST BLVD., SUITE #52  
City-State-Zip: HOMOSASSA FL 34446

Title BOFF  
Name INDELICATO, LENNY  
Address 3730 S. SPRINGBREEZE WAY  
City-State-Zip: HOMOSASSA FL 34448

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSHUA HICKS

**PRESIDENT**

**03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date