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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90009 036 \*\*\*150.00

DOCUMENT # F74004

1. Corporation Name  
HANDS ON TRAINING, INC.

Principal Place of Business 4164 ERINDALE DR 9941 FOWLER STREET FT. MYERS FL 33903 US	Mailing Address 4164 ERINDALE DR 9941 FOWLER STREET FT. MYERS FL 33903 US
2. Principal Place of Business 21 4164 ERINDALE DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 4164 ERINDALE DR Suite, Apt. #, etc. 27
23 City & State FT MYERS FL	28 City & State FT. MYERS FL
Zip 24 33903 Country 25 US	Zip 29 33903 Country 30 US

9. Name and Address of Current Registered Agent

JOBES, THOMAS M.  
4164 ERINDALE DR.  
NORTH FT MYERS FL 33903

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	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 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 *Thomas M. Jones* THOMAS M. JOBES PRESIDENT APR 1, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBES, LINDA E	1.2 NAME	
STREET ADDRESS	4164 ERINDALE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBES, THOMAS M.	2.2 NAME	
STREET ADDRESS	4164 ERINDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Thomas M. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7-1999 444-995-7252

Date

Daytime Phone #

04/29/99

CR2E034-11198