FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP TITLE

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H67695 HANDYMAN JOHN ELECTRIC, INC. Principal Place of Business Mailing Address 1952 KING ARTHUR CT 1952 KING ARTHUR CT. WINTER PARK FL 32792 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1985 2. Principal Place of Business 2a, Mailing Address 4. FFI Number Applied For 21 26 59-2568379 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 25 30 ☐ Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARBERY, JOHN 1952 KING ARTHUR CT. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition BARBERY, JOHN NAME 1.2 NAME 1952 KING ARTHUR CT. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DS DELETE TITLE Change Addition 2.1 TITLE BARBERY, MARY NAME 22 NAME 1952 KING ARTHUR CT STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE

CR2E034

Change

___ Addition

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.

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: Orban Ban Las PE DEAN BARRED 1-6-98 407-671-4002