

**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 # J40324 (2)**

1. Corporation Name  
**RESIDENTIAL REPAIR SERVICE, INC.**



Principal Place of Business: **640 DEVONSHIRE BLVD. LONGWOOD FL 32750**  
Mailing Address: **640 DEVONSHIRE BLVD. LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **10/30/1986**  
3a. Date of Last Report: **02/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number <b>59-2738441</b>	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	28	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COOLEY, R. EDWARD</b> <b>1450 W. HWY 43A</b> <b>LONGWOOD FL 32750</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, VIVIEN L.</b>	1.2 NAME	
STREET ADDRESS	<b>640 DEVONSHIRE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, VIVIEN L.</b>	2.2 NAME	
STREET ADDRESS	<b>640 DEVONSHIRE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, KENNETH L.</b>	3.2 NAME	
STREET ADDRESS	<b>640 DEVONSHIRE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Vivien L. Arnold* **VIVIEN L. Arnold** 3/15/96 (907)332-6133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)