FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996			DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # Name	K64606	(2)					
SPECI	alized home	SERVICES, INC.				a pháinth áin aith niúin aith aith aith	10 BALL BLAM BIA	II ALAN BLAN SIA 2 AISH LAA
	<u> </u>	·····						
			lailing Address				10 SIII BIBII BIB	ıı arası aralı aralı 21811 1881
3074 PINECREST ST. SARASOTA FL 34239-7036			1870 HYDE PARK SARASOTA FL 34239					
	· · • • · ·		US			Date Incorporated or Qualified	2s Date	of Last Report
						02/09/1989		1/25/1995
2. Principal Pla 21	ace of Business	l in	. Maiting Address			4. FEI Number		Applied For
Suite, Apt. 4	#, etc	26	Suite, Apt #, etc	<u>.</u> _		65-0099431		Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired		Fee Required
City & State			City & State			6. Election Campaign Financing		\$5.00 May Be
23 Zip	Cou	28	Zip	Country		Trust Fund Contribution		Added to Fees
24	25	29		30		8. This corporation has liability for Florida Statutes Yes	intang:bie ta: i □ No	Cunder's 199.032
	9. Name and Add	Iress of Current Regis	itered Agent			10. Name and Address of New I	Registered A	igent
DAVIEV	II II IA I			81	Name			
BAXLEY, JULIA L 1870 HYDE PARK SARASOTA FL 34239					Street Add	ess (P.O. Box Number is Not Acceptable)		
				Rd	City			85 Zip Code
44 5				1			FL	1 i ·
or register	o the provisions of Se ed agent, or both, in t	ctions 607,0502 and 60 ne State of Florida, Suc	iz 1508, Honda Statut i change was authorz	es, the abov∈ r ed by the corp	named corpo oration's boa	ration submits this statement for the purific of directors. Thereby accept the app	irpose of chai jointment as i	nging its registered office registered agent. I am
I .	n, and accept the ob-	igations of, Section 607	O505, Monda Statutes	•				
SIGNATURE	Styruhin, typed or probating	restrayon layertaid tred		Ht. Boysteed Aper	Esquatare respons	arate relation	OAIE	
12.	S	OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFF		
NAME	GIPE, VERLAIN	F	[]] DETEUF	1 1 lift#			L	Change Addition
STREET ADDRESS	3074 PINECRE			13 STREET	ABDESS			
CITY - S1 - ZIP	SARASOTA FL			14011Y S				
TITLE	VP .		DELETE	2 1 1151				Change Addition
NAME	gipe, J. Keith			2.2 NAME				_
STREET ADDRESS	3074 PINECRE	ST ST.		2 3 STREET	ADORESS			
CITY-ST-ZIP TITLE	SARASOTA FL		C) Pilete	24 CITY S	F 210°	- w		
NAME	BAXLEY, LARR	v n	DELETE	3 1 THEF			L	Change Addition
STREET ADDRESS	1870 HYDE PA			3.2 NAME 3.3 STREET	Annucce			
CITY - ST - ZIP	SARASOTA FL	•		34 City S				
TITLE	T		☐ DELETE	4 1 ING	· · · · · · · · · · · · · · · · · · ·		Г	Change Addition
NAME	BAXLEY, JULIA			4.2 NAME				
STREET ADDRESS	1870 HYDE PA	RK		4.3 STH(≇T	ADDRESS			
CITY-S1-ZIP	SARASOTA FL			44 City S	7.69			
Trile			DÉLETE	5 1 1111			Ĺ.	Change Addition
NAME Street address				5.2 NAME	16.6 Du 22			
CITY-ST-ZIP				53 STREET				
TITLE			DELETE	54 C:TY - S 6 1 THLE	1 · ZB*			Change Addition
NAME				6.2 NAM:			Ļ	Leveline The Volume
STREET ADDRESS				E 3 STREET	ADDRESS			
City - St - Zip				6.4 CITY - S	1 - 7(F)			
14. I do hereby	certify that the inform	nation supplied with this	filing is voluntarily furn	ished and does	not qualify f	for the exemption stated in Section 119	.07(3)(k) Elon	da Statutes, Lfurthor

Too hereby certify that the information supplied with this lining is vocantarily turnible and does not quality for the exemption stated in Section 119.07(5)(k), honda Statutes. Fluriner certify that the information indicated on this annual report or suppliemental 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 LELLE RIPE OF PRINTED NAME OFFICER OF DIRECTOR OF DIRECTOR

SIGNATURE: