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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K77862

(6)

HONEY-DO HANDYMAN SERVICE, INC.

Principal Place	e of Business	Mailing Address							
2225 PARK PLACE		2225 PARK PLACE							
BOCA RATON	FL 33486	BOCA RATON FL 33486-0	3119						
						3. Date Incorporated or Qualified 04/05/1989		te of Last F 18/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		A	oplied For
21	46	26			65-0113513 Not Applicable				
Suite, Apt	#, BtC	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	6	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution			to Fees	
Zιp	Country Zip		Cou	Country		8. This corporation has liability for it			, 199.032,
24	25 29 30		30		*************	Florida Statutes Yes 🔀 No			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent		-		10. Name and Address of New Re	listered A	gent	<u></u>
	rs, Eugene			81	Name				
	5 PARK PLACE			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
ROC	CA RATON FL 33486			83		MINISTER CONTRACTOR CO			
				84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	bove	e-named co	rporation submits this statement for the p	urpose of	changing I	ts registered
office or ri	egistored agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorize	n hv	the coroor	ation's board of directors. I hereby accept	t the appo	intment as	registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	, ,							
	Signature, typed or printed name of registered as			d Age	nt signature rec	julred when reinstating)	DATE		
12,	OFFICERS AND DIRECTORS PST DELETE		13.	T. E		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change	Addition
TITLE NAME	AYERS, EUGUENE		1.1 TI 1.2 N					Orange	L. Addition
STREET ADDRESS	2225 PARK PLACE				ADDRESS				
CHY-S1-ZIP	BOCA RATON FL				T-ZIP	•			l
TITLE	D DELETE			2.1 TITLE				Change	Addition
NAME	AYERS, EUGUENE		2.2 N	2.2 NAME					
STREET ADDRESS	2225 PARK PLACE		2.3 S	2.3 STREET ADDRESS					
CITY-ST-7IP	BOCA RATON FL				ST-ZIP				
TITLE		DELETE	3.1 T		}			Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. U		ST-ZIP			Change	☐ Addition
NAME			4. 2 1		-				
STREET ADDRESS			ı		ADDRESS				
CITY - ST - ZIP					ST-ZIP				
TITLE		DELETE	5.1 T	TLE				Change	☐ Addition
NAME			5.2 N	IAME		•			
STREET ADDRESS			5.3 S	TAEET	ADDRESS				•
CITY - ST - ZIP		Deies			ST-ZIP		· · · · · · · · · · · · · · · · · · ·	T 105	1.20.
TITLE		☐ DELETE	6.1 T					Change	L Addition
NAME				IAME					
STREET ADDRESS			6.3 \$	IHEET	ADDRESS				

14. I do 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 all attachment with an address

FILED

Feb 06 1997 8:00am

Secretary of State