FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61557 (9)

1. Corporation Name
HANDYMEN TEMPORARY LABOR SERVICES, INC.

Principal Place of Business
2249 #3 CLEVELAND AVE
FT. MYERS FL 33901
US

Mailing Address
~~P.O. BOX 606~~
~~ESTERO FL 33928~~
changed
P.O. Box 2696
FT Myers, FL
33902-2696

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: SAME	2a. Mailing Address: P.O. Box 2696 Ft Myers FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FORT Myers FL
Zip / County	Zip: 33902-2696 County: LEE

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 03/01/1994
4. FEI Number: 65-0230811 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MAXWELL, ROBERT G.
734 OLIVA STREET
SANIBEL FL 33957

10. Name and Address of New Registered Agent
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: [signature] — Date: 4/10/95

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	HILLIARD, KATHLEEN L.
STREET ADDRESS	~~P.O. BOX 606 N/A~~ P.O. Box 2696
CITY-ST-ZIP	~~ESTERO FL~~ FORT Myers FL 33902
TITLE	T
NAME	HILLIARD, KATHLEEN L.
STREET ADDRESS	~~P.O. BOX 606 N/A~~ P.O. Box 2696
CITY-ST-ZIP	~~ESTERO FL~~ Fort Myers, Fl 33702.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME / STREET ADDRESS	4197 Skates Circle
1 CITY-ST-ZIP	Fort Myers, Fl 33905
2 NAME / STREET ADDRESS	4197 SKATES CIRCLE
2 CITY-ST-ZIP	Fort Myers, Fl 33905.

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****200.00 ****200.00

5-1-95 [initials]

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)(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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481200 FP