

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 # **L89509** (8)

1. Corporation Name

HANDYMAN SERVICES OF WEST FLORIDA, INC.

Principal Place of Business

**11327 - 43RD STREET NORTH
CLEARWATER FL 34622**

Mailing Address

**11327 - 43RD STREET NORTH
CLEARWATER FL 34622**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

~~ENGLANDER & FISCHER, P. A.~~
~~11327 43RD STREET NORTH~~
~~CLEARWATER FL 34622~~

3. Date Incorporated or Qualified
07/18/1990

3a. Date of Last Report
04/17/1995

4. FEI Number

59-2038084

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

10. Name and Address of New Registered Agent

81 Name

Angelo Di Salvatore

82 Street Address (P.O. Box Number is Not Acceptable)

11327 43rd St N

83

84 City

Clearwater

FL

85 Zip Code

34622

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, in 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]

(NOTE: Registered Agent signature is required when first filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	FABRIZI, RICHARD JOHN	
STREET ADDRESS	6001 - 51ST ST. SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	P	DELETE
NAME	DISALVATORE, ANGELO J.	
STREET ADDRESS	2769 VALENCIA LANE WEST	
CITY - ST - ZIP	PALM HARBOR, FL 34684	
TITLE	V	DELETE
NAME	MARCIANO, FRANKLIN A.	
STREET ADDRESS	850 - 49TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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*****208.75**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **Angelo D. Salvatore (813) 577-2468**

CR2E034 (12/95)