

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

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, both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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's signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST
FABRIZI, RICHARD JOHN**
STREET ADDRESS **6001 - 51ST ST. SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **P
DISALVATORE, ANGELO J.**
STREET ADDRESS **2769 VALENCIA LANE WEST**
CITY - ST - ZIP **PALM HARBOR, FL 34684**

TITLE ☐ DELETE

NAME **V
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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**000001764490
-04/01/96--01043--001
***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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo O. Salvatore (813) 577-2468
56-330-91

CR2E034 (12/95)