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 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90632** **(4)**

1. Corporation Name

FLORIDA HOME IMPROVEMENT SUPPLY INC.

Principal Place of Business
~~10324 E HILLSBOROUGH AVE~~
~~TAMPA FL 33604~~
US

Mailing Address
~~4143 W. WATERS #189~~
~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 5537 SHELDON RD	26 5537 SHELDON RD	07/22/1988	04/26/1994
22 Suite, Apt. #, etc: SUITE L	27 Suite, Apt. #, etc: SUITE L	4. FEI Number: 59-2906388	☐ Applied For ☐ Not Applicable
23 City & State: TAMPA FL	28 City & State: TAMPA FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip: 33615 25 Country: Hillsborough	29 Zip: 33615 30 Country: Hillsborough	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

LESTRANGE, GARY
10312 OUT ISLAND DRIVE
TAMPA FL 33615

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 Gary Le Stranger 4-25-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually signed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LESTRANGE, GARY	12 NAME	
STREET ADDRESS	4143 W. WATERS	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DWYER, JOHN B.	22 NAME	
STREET ADDRESS	4143 W. WATERS	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ALLEGRA, RICHARD	32 NAME	
STREET ADDRESS	3700 HOLIDAY LAKE DR	33 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 (changed), or on an attachment with an address.

SIGNATURE: Gary Le Stranger President 4-25-95 (813) 249-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207331 CP