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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P10881 (1)

1. Corporation Name
HANDS ON, INC.

Principal Place of Business	Mailing Address
P O BOX 648 ST. PETERSBURG FL 33731	P O BOX 648 ST. PETERSBURG FL 33731-0648

3. Date Incorporated or Qualified: 07/24/1986
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business	2a. Mailing Address
21 689 CENTRAL AVENUE	26 689 CENTRAL AVENUE
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27 200
City & State 23 ST. PETERSBURG FL	City & State 28 ST. PETERSBURG, FL
Zip 24 33701	Zip 29 33701
Country 25 PINELLAS	Country 30 PINELLAS

4. FEI Number: 52-5127493 ☐ 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

STACEY, JEAN A.
4811 PARADISE WAY SE
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: LYN S. WOOD
82 Street Address (P.O. Box Number is Not Acceptable): ~~4811 PARADISE WAY S.E.~~ 689 CENTRAL AVE. # 200
83
84 City: ST. PETERSBURG FL 85 Zip Code: ~~33701~~ 33705

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 6/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☒ DELETE	1.1 TITLE	~~DIRECTOR (D)~~ D, VP, AS, AT ☒ Change ☐ Addition
NAME	PISIECZKO, CHARLES J	1.2 NAME	PISIECZKO, CHARLES J.
STREET ADDRESS	5897 28TH AVE., NORTH	1.3 STREET ADDRESS	689 CENTRAL AVENUE # 200
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	STD ☒ DELETE	2.1 TITLE	~~VICE PRESIDENT (V)~~ D, VP, AS, AT ☒ Change ☐ Addition
NAME	HOWELL, JAMES	2.2 NAME	HOWELL, JAMES
STREET ADDRESS	1627 BEACH DR., S.E.	2.3 STREET ADDRESS	689 CENTRAL AVENUE # 200
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	PD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STACEY, JEAN A.	3.2 NAME	
STREET ADDRESS	4811 PARADISE WAY SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	~~PRESIDENT~~ D, P, S, T ☐ Change ☒ Addition
NAME		4.2 NAME	LYN S. WOOD
STREET ADDRESS		4.3 STREET ADDRESS	~~4811 PARADISE WAY SE~~ 689 CENTRAL AVE. # 200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/7/97 813-824-8988