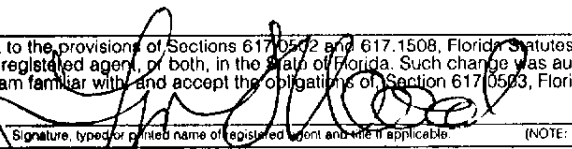


FILE NOW: FILING FEE IS \$61.25

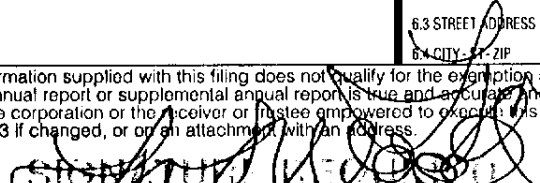
FILED

Jun 11 1997 8:00am
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 P O BOX 648 ST. PETERSBURG FL 33731			Mailing Address P O BOX 648 ST. PETERSBURG FL 33731-0648		
2. Principal Place of Business 21 689 CENTRAL AVENUE Suite, Apt. #, etc. 22 200		2a. Mailing Address 26 689 CENTRAL AVENUE Suite, Apt. #, etc. 27 200		3. Date Incorporated or Qualified 07/24/1986	
City & State 23 ST. PETERSBURG FL Zip 24 33701		City & State 28 ST. PETERSBURG, FL Zip 29 33701		3a. Date of Last Report 02/21/1996	
Country 25 PINELAS		Country 30 PINELAS		4. FEI Number 52-5127493	
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) 689 CENTRAL AVE. # 200 83 4811 PARADISE WAY SE 84 City ST. PETERSBURG FL 85 Zip Code 33701		
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  6/3/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VD NAME PISIECZKO, CHARLES J STREET ADDRESS 5897 28TH AVE. NORTH CITY-ST-ZIP ST. PETERSBURG FL			1.1 TITLE DIRECTOR (D) D, VP, AS, AT ☒ Change ☐ Addition 1.2 NAME PISIECZKO, CHARLES J. 1.3 STREET ADDRESS 689 CENTRAL AVENUE # 200 1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701		
TITLE STD NAME HOWELL, JAMES STREET ADDRESS 1627 BEACH DR. S.E. CITY-ST-ZIP ST. PETERSBURG FL			2.1 TITLE VICE PRESIDENT (V) D, VP, AS, AT ☒ Change ☐ Addition 2.2 NAME HOWELL, JAMES 2.3 STREET ADDRESS 689 CENTRAL AVENUE # 200 2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701		
TITLE PO NAME STACEY, JEAN A. STREET ADDRESS 4811 PARADISE WAY SE CITY-ST-ZIP ST. PETERSBURG FL			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME ☐ Change ☐ Addition 3.3 STREET ADDRESS ☐ Change ☐ Addition 3.4 CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE			4.1 TITLE PRESIDENT (P) D, VP, AS, AT ☐ Change ☒ Addition 4.2 NAME LYN S. WOOD 4.3 STREET ADDRESS 4811 PARADISE WAY SE 689 CENTRAL AVE. # 200 4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701		
TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE ☐ DELETE NAME ☐ DELETE STREET ADDRESS ☐ DELETE CITY-ST-ZIP ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME ☐ Change ☐ Addition 6.3 STREET ADDRESS ☐ Change ☐ Addition 6.4 CITY-ST-ZIP ☐ Change ☐ Addition		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.079(1), 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 642, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



5/1/97

813-824-8988

CR2E037 (9/96)