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Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P93000016647 (8)**  
1. Corporation Name  
**PROFESSIONAL CRAFTSMEN & HANDYMEN REPAIR, INC.**



Principal Place of Business Mailing Address  
**509 SOUTH ARMENIA AVENUE** **509 SOUTH ARMENIA AVENUE**  
**TAMPA FL 33609** **TAMPA FL 33609-3349**

3. Date Incorporated or Qualified **03/05/1993** 3a. Date of Last Report **05/01/1996**  
4. FEI Number **59-3170658** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes Yes ☐ No ☒

2. Principal Place of Business 2a. Mailing Address  
21 **509 S. Armenia** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **5** 27  
City & State City & State  
23 **TAMPA, FL** 28  
Zip Country Zip Country  
24 **33609** 25 **United States** 29 **33609** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**SAVILL, PHILIP A** 81 Name  
**509 SOUTH ARMENIA AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33609** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE **0** ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME **SAVILL, PHILIP A** 1.2 NAME  
STREET ADDRESS **509 SOUTH ARMENIA AVENUE** 1.3 STREET ADDRESS  
CITY-ST-ZIP **TAMPA FL 33609** 1.4 CITY-ST-ZIP  
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME 2.2 NAME  
STREET ADDRESS 2.3 STREET ADDRESS  
CITY-ST-ZIP 2.4 CITY-ST-ZIP  
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME 3.2 NAME  
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NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 its 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: **Philip A. Savill** **OWNED** **4/10/97** **(813) 872-8092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)