## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 95743 19 #110:05 P 93000057711 DOCUMENT # 1. Corporation Name Altround Home Service Snc. 900001941709 -09/09/96--01002--006 Maring Address Principal Place of Business \*\*\*\*225.00 \*\*\*\*225.00 308 Wabash Terrace Port Charlotte FL 3a. Date of Last Report 3. Date incorporated or Qualified 04.20. 09.01.1993 Applied For 2a. Making Address 2. Principal Place of Business 65-042608 Not Applicable 26 \$8.75 Additional Suite Apt. #, etc Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Oity & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Zιρ Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Schloegl. Frank Street Address (P.O. Box Number is Not Acceptable) 82 308 Wabash Terrace 83 Port Charlotte FL. 33954 Zip Code 85 84 City 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 Foard of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE DA\*t (NOTE that first Agent signal reinquired when reliability) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition 1 1 TILLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 14 CITY - ST. ZIP CITY - ST - ZIP Change Addition 2.1 TITLE TITLE 2 2 NAME NAME 308 Wabash 2.3 STREET ADDRESS STREET ADDRESS Port Charlotte FL 33554 2.4 C(T) - ST - 7/P CITY-ST ZIP Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4.0(1Y+S1+Z)P CHTY-ST-ZIP Change Addition DELFTE 4 1 T-TLE TITLE 4.2 NAME NAME 4.3 STEEL LADORESS STREET ADDRESS 4.4.0(1Y-\$1-Z0F CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CMY-SI-ZIP DELETE 6 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CI Y - ST - ZIP 14. If do hereby certify that the information supplied with this fling 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 suppliermental 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 direction of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

PHINTS NAME OF SIGNING OFFICER OF DIRECTOR 08 22 96

CR2E034 (12/95)