

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90143 004 ***150.00

DOCUMENT # P93000057995

1. Corporation Name

Woodesign of Sarasota, Inc.
d/b/a HandyPro of Sarasota

Principal Place of Business

2504 Regatta Dr.
Sarasota, FL 34231

Mailing Address

4195 S. Tamiami Tr. #175
Venice, FL 34293-5112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/93

2. Principal Place of Business

21 2504 Regatta Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 4195 S. Tamiami Tr.
Suite, Apt. #, etc.

4. FEI Number

65-0430376

Applied For

Not Applicable

22

City & State

23 Sarasota, FL

27

City & State

28 Venice, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

Zip

Country

25 34231 USA

29

Zip

Country

34293-5112 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Woodesign of Sarasota, Inc.
d/b/a HandyPro of Sarasota
4195 S. Tamiami Trail #175
Venice, FL 34293-5112

81 Name

Woodesign of Sarasota, Inc. d/b/a

82

HandyPro of Sarasota (P.O. Box Number is Not Acceptable)

83

4195 S. Tamiami Trail #175

84

City

Venice

FL

85

Zip Code

34293

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, 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

Ricky Sluga

RICK SLOGA, PRES. OWNER

9-23-99

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 P/D Ricky L. Sluga ☐ DELETE
NAME
STREET ADDRESS 2504 Regatta Dr.
CITY-ST-ZIP Sarasota, FL 34231

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V/D Marsha V. Sluga ☐ DELETE
NAME
STREET ADDRESS 2504 Regatta Dr.
CITY-ST-ZIP Sarasota, FL 34231

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 1107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricky Sluga

Ricky L. Sluga

03-01-99

941-927-7091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)