FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:51

DOCUMENT # P93000088555 (6)

1. Corporation Name
DAN'S HANDYMAN SERVICE, INC.

Principal Place of Business	Mailing Address
~~107 LOCKNESS LANE~~ KISSIMMEE FL 34743	~~107 LOCKNESS LANE~~ KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993	3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-3205526	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 130 Alderwood Dr.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kissimmee FL.	City & State 28
Zip 24 34743 County 25 Osceola	Zip 29 County 30

9. Name and Address of Current Registered Agent

DUSOLD, DAN
~~107 LOCKNESS LANE~~
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name	Dan Dusold
82 Street Address (P.O. Box Number is Not Acceptable)	130 Alderwood Dr.
83	
84 City	Kissimmee FL 85 Zip Code 34743

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: Daniel Dusold
(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	11 TITLE	P/T/Dir	☒ Change ☐ Addition
NAME	DUSOLD, DAN	12 NAME	Dusold, Dan	
STREET ADDRESS	~~107 LOCKNESS LANE~~	13 STREET ADDRESS	130 Alderwood Dr	
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP	Kissimmee FL 34743	
TITLE		21 TITLE	SEC./DIR	☐ Change ☒ Addition
NAME		22 NAME	Diane Dimaio	
STREET ADDRESS		23 STREET ADDRESS	130 Alderwood Dr.	
CITY-ST-ZIP		24 CITY-ST-ZIP	Kissimmee FL 34743	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Dusold 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0402359 FP