Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75-Additional-

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

DOCUMENT # P94000017038

Suite, Apt. #, etc.

70

KEITH, W.C.

世

TIM DAVIS HOME REPAIR, INC.							
THE DATE HOME HELDING							
Principal Place of Business	Mailing Address						
825 CREATIVE DR. LAKELAND FL 33803	PO BOX 5186 LAKELAND FL 33807						
	20 Mailing Address						
2. Principal Place of Business	2a. Mailing Address						
21 820 CRÉATINE DR.	26						
- Suite Apt. #. etc.	Suite, Apt. #, etc						

27

City & State City & State 28 Country Zip

30 29 9. Name and Address of Current Registered Agent

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90024 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

02/28/1994 4. FEI Number

59-3224562

L.G.S	S. ACCOUNTING		82	Street /	Address (P.O. Box N	umber is N	ot Acceptable)		
	COMMERCIAL PARK DRIVE		83				: :		
, LAK	ELAND FL 33801		84	City				85 Zip C	ode
				,				FL	
office or r	to the provisions of Sections 607.0502 agistered agent, or both, in the State of machiliar with, and accept the obligation	Florida, Such change was auth	onzed by	the corpo	corporation submits pration's board of dire	this stateme ectors. I her	ent for the purpo reby accept the a	se of changing its appointment as rec	registered pistered
SIGNATURE					(· .	DA	TC	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signature re	equired when reinstating) ADDITION	S/CHANGE		S AND DIRECTO	RS IN 12
	PD OFFICERS AND	DELETE	1.1 TITLE		P D			Change	Addition
TITLE	DAVIS, TIM		1.2 NAME			Tim			_
NAME	1233 JOSEPHINE		1.3 STREET	ADDOFEE	DAVIS, -	HML	DR.		
STREET ADDRESS							33860		
CITY-ST-ZIP	LAKELAND FL 33801	☐ DELETE	1.4 CITY-ST	- ZIP	MULBERRY	<u>M.</u>	33000	(Change	√ Addition
TITLE	VP	C DECEIE	2.1 TITLE		50,000	N 44.5		, Change	
NAME	SANDRA DAVIS		2.2 NAME		SANDRA 62 WOOD	1714A12	D2,		
STREET ADDRESS	1233 JOSEPHINE		2.3 STREET	ADDRESS	• •	•			
CITY-ST-ZIP	LAKELAND FL 801		2. 4 CITY-S	T-ZIP	MULBERRY	<u>FL.</u>	33860		The state of
TITLE		☐ DELETE	3.1 TITLE		•			Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE				•	, Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY- \$1	-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			53 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY- ST	r-ZIP	!		· .		
TITLE		☐ DELETE	6.1 TITLE		.,			Change	☐ Addition
NAME		_	6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
			6.4 CITY-ST	r-zip					
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for th			Lin Section 119 07/3	N(i) Florida	Statutes I furthe	er certify that the in	nformation

81 Name

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oan, that I am at 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 charyled, or on an attachpem with an address, with all other like empowered.

941644-4604