

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022882 (2)

1. Corporation Name:

SPRING'S HANDYMAN SERVICE, INC.

Principal Place of Business:

**3315 NW 6TH STREET
GAINESVILLE FL 32609**

Mailing Address:

**3315 NW 6TH STREET
GAINESVILLE FL 32609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

3a. Date of Last Report

4. FFL Number

59-3235014

Applied For

Not Applicant

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for redemptive tax under 35-100-010

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

22 Suite Apt. # etc.

27 Suite Apt. # etc.

23 City & State

28 City & State

24 Zip

25 County

29 Zip

30 County

9. Name and Address of Current Registered Agent

**SPRING, JOHNATHAN
3315 NW 6TH STREET
GAINESVILLE FL 32609**

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 30, 31, and 302, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to be in the State of Florida. This change was authorized by the corporation's board of directors, if newly accepted this appointment of registered agent. I am: Agent or Not Agent of the corporation of the State of Florida.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Signature

12. OFFICERS AND DIRECTORS

12a. NAME **D SPRING, JOHNATHAN**
12b. STREET ADDRESS **3315 NW 6TH STREET**
12c. CITY **GAINESVILLE**
12d. STATE **FL**
12e. ZIP **32609**

12f. NAME **D, R. T. S.**
12g. STREET ADDRESS **3315 NW 6TH STREET**
12h. CITY **GAINESVILLE**
12i. STATE **FL**
12j. ZIP **32609**

12k. NAME **D, R. T. S.**
12l. STREET ADDRESS **3315 NW 6TH STREET**
12m. CITY **GAINESVILLE**
12n. STATE **FL**
12o. ZIP **32609**

12p. NAME **D, R. T. S.**
12q. STREET ADDRESS **3315 NW 6TH STREET**
12r. CITY **GAINESVILLE**
12s. STATE **FL**
12t. ZIP **32609**

12u. NAME **D, R. T. S.**
12v. STREET ADDRESS **3315 NW 6TH STREET**
12w. CITY **GAINESVILLE**
12x. STATE **FL**
12y. ZIP **32609**

12z. NAME **D, R. T. S.**
12aa. STREET ADDRESS **3315 NW 6TH STREET**
12ab. CITY **GAINESVILLE**
12ac. STATE **FL**
12ad. ZIP **32609**

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS

13a. NAME **Spring, Johnathan**
13b. STREET ADDRESS **[Same]**
13c. CITY **[Same]**
13d. STATE **[Same]**
13e. ZIP **[Same]**

13f. NAME **[Same]**
13g. STREET ADDRESS **[Same]**
13h. CITY **[Same]**
13i. STATE **[Same]**
13j. ZIP **[Same]**

13k. NAME **[Same]**
13l. STREET ADDRESS **[Same]**
13m. CITY **[Same]**
13n. STATE **[Same]**
13o. ZIP **[Same]**

13p. NAME **[Same]**
13q. STREET ADDRESS **[Same]**
13r. CITY **[Same]**
13s. STATE **[Same]**
13t. ZIP **[Same]**

13u. NAME **[Same]**
13v. STREET ADDRESS **[Same]**
13w. CITY **[Same]**
13x. STATE **[Same]**
13y. ZIP **[Same]**

13z. NAME **[Same]**
13aa. STREET ADDRESS **[Same]**
13ab. CITY **[Same]**
13ac. STATE **[Same]**
13ad. ZIP **[Same]**

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01(1)(b) and 190.01(1)(c), 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 make the return designated true and make me liable for any penalties or fines that may be assessed for this corporation or the officer or director who signed for same on this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 of this report or on any attachment with an address.

SIGNATURE:

Johnathan Spring
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

1/15/95 (904)375-0089