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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000033886 (0) **DOCUMENT #**

MR. FIX-IT HOME REPAIRS, INC.

Principal Place of Business Mailing Address 8191 46TH AVE N 8191 46TH AVE N BLDG A BLDG A DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 3. Date Incorporated or Qualified 05/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3289323 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. XX 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GRIECO, DANIEL J !! 19139 GULF BLVD Street Address (P.O. Box Number is Not Acceptable) INDIAN SHORES FL 34635 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME WRIGHT, EARL 1.2 NAME CR2E034 4305-32ND STREET WEST STREET ADDRESS 1.3 STREET ADDRESS BRADENTON FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE KRAMER, EDWARD J. NAME 2.2 NAME 8191-46TH AVE. NORTH UNIT A 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-SY-ZIP

5.4 CITY - ST - ZIP

5,1 TITLE 5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

Change

__ Change

Addition

Addition

FILED

Feb 03 1998 8:00am

Secretary of State