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

DOCUMENT # P94000044105 (2)

FILED May 06 1998 8:00am Secretary of State

HANDY	MAN HOME REPAIR SERVI	ICE, INC.						
Principal Plac	e of Business	Mailing Address				- I (BONIEON NEW ISHE) NIBON DONN BETANK ADAN DONN B	IBIN AYEAN MANA BI	1181 BITT 1881
11327 - 43 STREET NORTH CLEARWATER FL 34622 11327 - 43 STREET NORTH CLEARWATER FL 34622						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						06/09/1994		
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number		
21 26						65-0571970	Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22		27					Fee R	tequired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Z ip	-	intry		8. This corporation owes or has paid the c		
24	25	29	30	r—		Personal Property Tax due June 30. 10. Name and Address of New Registere		No
	g. Name and Address of Curren	it negistered Agent		81	Name	10. Name and Address of New Registered	a Agent_	
	SALVATORE, ANGELO			"	name			İ
11327 - 43 STREET NORTH				82	Street Address (P.O. Box Number is Not Acceptable)			
CLI	EARWATER FL 34622							
				B3				
				84	City		85 Zip	Code
				L	· · · · · · · · · · · · · · · · · · ·	F	┕╽╽	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	l2 and 607.1508, Florida Statu of Florida, Such change was	ites, the al authorize	bove d bv	-named corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing i pointment as	its registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	utes			,	
SIGNATURE								
40	Signature, typed or printed name of registered age			d Ager	nt signature raqui	red when reinstating) DATE	ID DIDECTO	DO IN 10
12.	OFFICERS AN	DELETE	13.	71 6		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
NAME	DISALVATORE, ANGELO J			1.1 TITLE 1.2 NAME			CHANGE	C ADDITION
	11327-43 STREET NORTH		1.3 STREET ADDRESS		4000000			
STREET ADDRESS	CLEARWATER FL							
CITY-ST-ZIP TITLE	VP	DELETE	14 CITY 21 TITLE		I-ZIP		Change	☐ Addition
NAME	MARCIANO, FRANKLIN A			2.2 NAME		6 5	L. Ollange	pagailon
1	11327-43 STREET NORTH		- 1	2 3 STREET ADDRESS				}
STREET ADDRESS	CLEARWATER FL		2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	ST DELETE			3.1 TITLE			Change	Addition
NAME				3.2 NAME			C Olimingo	radicion
STREET ADDRESS	11327 43 STREET N		1	3 3 STREFT ADDRESS				ļ
CITY-ST-ZIP	AL MARKACANA PROPERTY.		3.4. C					
TITLE	OCCAMINATER TE	DELETE 4.11			1-21		Change	Addition
NAME			4. 2 N					
STREET ADDRESS					ADORESS			1
CITY-SI-ZIP			4.4 CITY - S		I .			
TITLE		DELETE	51 TITLE				Change	☐ Addition
NAME		_ : ::•	5.2 NA					
STREET ADDRESS			5.3 STREET		ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NA				_ *	_
STREET ADDRESS			1		ADORESS			1
CITY - ST - ZIP				1Y-ST	I			
	14. Thereby certify that the information supplied with this filling does not qualify for the e indicated on this annual report or supplying that annual report is supplying that annual report is true and accurate a					Section 119.07(3)(i), Florida Statutes. I further of	certify that the	information
indicated	on this annual report of supplying its	Ifrinua roport is true and ac	curate and	tha	t my signatu	ire shall have the same legal effect as if made u	inder oath; th	at I am an