

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001636 (6)

1. Corporation Name

BILL'S HANDYMAN SERVICES, INC.



Principal Place of Business

Mailing Address

8200 E SUNRAY LANE
FLORAL CITY FL 34436

8200 E SUNRAY LANE
FLORAL CITY FL 34436

3. Date Incorporated or Qualified

3a. Date of Last Report

01/05/1995

2. Principal Place of Business

2a. Mailing Address

21 FLORAL CITY

26 8200 E SUNRAY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8200 E SUNRAY LANE

27 FLORAL CITY

City & State

City & State

23 FLORAL CITY

28 FLORAL CITY

Zip

Country

Zip

Country

24 34430

25 FLORAL CITY

29 34430

30 CITRUS

4. FEI Number

Applied For

59-3295771

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIAMPAPA, WILLIAM
8200 E SUNRAY LANE
FLORAL CITY FL 34436

81 Name

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

83

84 City

FL

85 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.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GIAMPAPA, WILLIAM
STREET ADDRESS 8200 E SUNRAY LANE
CITY-ST-ZIP FLORAL CITY FL 34436

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)