

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 # P95000001636

1. Corporation Name

BILL'S HANDYMAN SERVICES, INC.

Principal Place of Business

8200 E SUNRAY LANE
FLORAL CITY FL 34436
US

Mailing Address

8200 E SUNRAY LANE
FLORAL CITY FL 34436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

59-3295771

Applied For

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 13403 S. MOONRAKER TERR.

Suite, Apt. #, etc.

22 City & State

23 FLORAL CITY FL.

24 Zip

34436

Country

25 CITRUS

2a. Mailing Address

26 13403 S. MOONRAKER TERR.

Suite, Apt. #, etc.

27 City & State

28 FLORAL CITY FL.

Zip

34436

Country

30 CITRUS

9. Name and Address of Current Registered Agent

GIAMPAPA, WILLIAM
8200 E SUNRAY LANE
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name

82 GIAMPAPA WILLIAM

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

13403 S. MOONRAKER TERR.

84 City

FLORAL CITY

FL

85 Zip Code

34436

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 *William Giampapa* WILLIAM GIAMPAPA PRES

4-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE D
1.2 NAME GIAMPAPA WILLIAM
1.3 STREET ADDRESS 13403 S. MOONRAKER TERR.
1.4 CITY-ST-ZIP FLORAL CITY 34436

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *William Giampapa* WILLIAM GIAMPAPA PRES. 4-18-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)