

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000019308 (2)  
1. Corporation Name

SPECIALIZED TRADESMEN OF FLORIDA, INC.



Principal Place of Business: 111 SATSUMA DRIVE ALTAMONTE SPRINGS FL 32714  
Mailing Address: 111 SATSUMA DRIVE ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 03/09/1995  
3a. Date of Last Report

|    |   |    |                             |    |   |                          |                                |
|----|---|----|-----------------------------|----|---|--------------------------|--------------------------------|
| 21 | 2. Principal Place of Business<br>405 Douglas Ave | 26 | 2a. Mailing Address<br>Same | 4. | FBI Number<br>59-3308720  | Applied For              |                                |
| 22 | Suite, Apt #, etc.<br>Ste 1405                    | 27 | Suite, Apt # etc.           | 5. | Certificate of Status Desired   | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State<br>Altamonte Springs                 | 28 | City & State                | 6. | Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 24 | Zip<br>FL   | 29 | Zip                         | 30 | Country   |                          |                                |
| 25 | Country<br>Sumindia                               | 30 | Country                     | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                                |

|  |  |  |  |  |  |    |             |
|--|--|--|--|--|--|----|-------------|
| 9. Name and Address of Current Registered Agent                      |  |  |  | 10. Name and Address of New Registered Agent |  |    |             |
| SHARPE, GRANVILLE<br>111 SATSUMA DRIVE<br>ALTAMONTE SPRINGS FL 32714 |  |  |  | 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] 6/17/96  
Signature typed or printed name of registered agent and the applicant (NOTE: Registered Agent's signature required when reappointing) (Date)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | DP                   | 11 TITLE  |  |
| NAME                       | SHARPE, GRANVILLE    | 12 NAME   |  |
| STREET ADDRESS             | 111 SATSUMA DR.      | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL | 14 CITY-ST-ZIP  |  |
| TITLE                      | DST                  | 21 TITLE  |  |
| NAME                       | BEbble, GENE         | 22 NAME   |  |
| STREET ADDRESS             | 790 TRAILWOOD DR.    | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | ALTAMONTE SPRINGS FL | 24 CITY-ST-ZIP  |  |
| TITLE                      |                      | 31 TITLE  |  |
| NAME                       |                      | 32 NAME   |  |
| STREET ADDRESS             |                      | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 34 CITY-ST-ZIP  |  |
| TITLE                      |                      | 41 TITLE  |  |
| NAME                       |                      | 42 NAME   |  |
| STREET ADDRESS             |                      | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 44 CITY-ST-ZIP  |  |
| TITLE                      |                      | 51 TITLE  |  |
| NAME                       |                      | 52 NAME   |  |
| STREET ADDRESS             |                      | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 54 CITY-ST-ZIP  |  |
| TITLE                      |                      | 61 TITLE  |  |
| NAME                       |                      | 62 NAME   |  |
| STREET ADDRESS             |                      | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                      | 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 6/17/96 407-862-3337  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation #

CR2E034 (3/96)