

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024352 (3)

1. Corporation Name

HANDYMAN ROOFING OF SARASOTA, INC.



Principal Place of Business

~~5550 CENTRAL AVENUE STE. 201~~
~~ST. PETERSBURG FL 33710~~

Mailing Address

~~5550 CENTRAL AVENUE STE. 201~~
~~ST. PETERSBURG FL 33710~~

2. Principal Place of Business

2a. Mailing Address

21 172 Sarasota center bl.

26 11327 43rd st N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SARASOTA FL

28 Clearwater FL

24 Zip 34240

25 Country USA

29 Zip 34684

30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

4. FLI Number

65-0571962

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Angelo D. Salvatore

82

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

11327 43rd St N

83

84 City

Clearwater

FL

85 Zip Code
34684

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 of record 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 of Corporation or authorized officer or director, if applicable

(NOTE: Registered Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ~~ENGLANDER, LEONARD S.~~
STREET ADDRESS ~~5550 CENTRAL AVENUE STE. 201~~
CITY - ST - ZIP ~~ST. PETERSBURG FL 33710~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres
1.2 NAME Angelo D. Salvatore
1.3 STREET ADDRESS 11327 43rd St. N
1.4 CITY - ST - ZIP Clearwater, FL 34622
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo D. Salvatore

613-577-2468
Daytime Phone

CR2E034 (12/95)