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FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000024352 (3)**  
1. Corporation Name  
**HANDYMAN HOME REPAIR SERVICE OF SARASOTA, INC.**



Principal Place of Business  
**172 SARASOTA CENTER BLDG  
SARASOTA FL 34240**

Mailing Address  
**11327 43RD ST N  
CLEARWATER FL 34622-4923**

3. Date Incorporated or Qualified  
**03/24/1995**

3a. Date of Last Report  
**03/30/1996**

4. FEI 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

2. Principal Place of Business  
21 **1220 Zacchini Avenue**

Suite, Apt. #, etc.  
22

City & State  
23 **Sarasota FL**

Zip  
24 **34237**

Country  
25

2a. Mailing Address  
26

Suite, Apt. #, etc.  
27

City & State  
28

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D. SALVATORE, ANGELO**  
**11327 43RD ST N  
CLEARWATER FL 34684**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **D. SALVATORE, ANGELO**

STREET ADDRESS **11327 43RD ST N**

CITY-ST-ZIP **CLEARWATER FL 34684**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Vice President**

2.3 STREET ADDRESS **Franklin A. Marciano**

2.4 CITY-ST-ZIP **11327 - 43rd Street N.  
Clearwater, FL 34622**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Secretary/Treas**

3.3 STREET ADDRESS **Richard J. Fabrizi, Sr.**

3.4 CITY-ST-ZIP **870 Pinellas Bayway  
Tierra Verde, FL 33715**

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 do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)