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 # P95000024472

HANDYMAN HOME REPAIR SERVICE OF PINELLAS, INC.

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90065 005 ***150.00



11327-43 STREET NORTH CLEARWATER FL 34622		11327-43 STREET NORTH CLEARWATER FL 34622			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
			,			03/24/1995
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	-,, -, -, -, -, -, -, -, -, -, -, -, -,	26				59-3307835 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '			5. Certificate of Status Desired Fee Required
City & Stat		City & State				
23	G	28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	γ		8. This corporation owes the current year Intangible
24	25	— · –	30	•		Personal Property Tax.
	9. Name and Address of Current					10. Name and Address of New Registered Agent
			81	1	Name	
DISALVATORE, ANGELO				2	Street Addre	ress (P.O. Box Number is Not Acceptable)
11327-43 STREET NORTH			"	1	Oli Cot Fludit	1000 (1.0. Box Hamber 19 Hot Acceptable)
CLE	ARWATER FL 34622		83	3		
			84	4	City	■ 85 Zip Code
			_ ا	1	Oity	FL S Z P S S
office or r		f Florida. Such change was aut	thorized by	y th		poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent			ent s	signature required	ed when reinstating) DATE
12.	OFFICERS AND	·	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ OELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	DISALVATORE, ANGELO J		1.2 NAME			
STREET ADDRESS	11327-43 STREET NORTH		1.3 STREE	ETA	DORESS	
CITY-ST-ZIP	CLEARWATER FL 34622		1.4 CITY-		ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE		1	☐ Change ☐ Addition
NAME	Fabrizi, Richard J		2.2 NAME			
STREET ADDRESS	11327 - 43RD STREET N.		2.3 STREE	ET A	ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622		2, 4 CITY-	_	ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	MARCIANO, FRANK		3.2 NAME			
STREET ADDRESS	11327-43RD STREET NORTH		3.3 STREE	ET A	DDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622		3.4. CITY-		ZIP	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE		i	
CITY-ST-ZIP			4.4 CITY-5		ZIP	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		- Partico	
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	ST-Z	ZiP	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE			•
CITY OT 710			64 CITY-5	QT_ 7	7IP	

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 further exemptions and 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 further exemptions are the receiver or trustee empowered.

SIGNATURE: