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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

P95000039202 (3)

HANDI HOUSE OF STARKE, INCORPORATED Principal Place of Business Mailing Address



1648 SOUTH WALNUT ST. STARKE FL 32091		PO BOX 549 STARKE FL 3209	PO BOX 549 STARKE FL 32091					
					3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Nurriber		Applied For	
21		26	.,,,		59-3372937		Not Applicat	
Suite, Apt. #,	, etc	Suite, Apt. #, etc.	Suite, Apit. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Crty & State		City & State			6. Election Campaign Financing		<b>\$5.00</b> May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation has liability for in Florida Statutes Yes	intangibie tax : □ No	under \$ 199.032,	
24	9. Name and Address of Curr	29 29 Agent	30		10. Name and Address of New R		jent	
	5. Maille and Address of Con-	Tent negistered Agent	81	Name				
OUD! E	A MALINI		62	ļ		.(-)		
CURLES, JOHN 1648 SOUTH WALNUT ST.				Street Add	ress (P.O. Box Number is Not Acceptab	er is Not Acceptacle)		
	E FL 32091		83	<u> </u>				
SIARK	E FL 32091		<u> </u>				or Za Cada	
.*			84	City		FL	85 Zip Code	
<ul> <li>or registere familiar with</li> <li>SIGNATURE</li> </ul>	of the provisions of sections out, and agent, or both, in the State of Flan, and accept the obligations of, State of proteins of the section	iorida. Such change was auth ection 607.0505. Florida Stat	iorized by the corp	uoration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	DATE	igistered agent I an	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PVST	DELETE	1 1 101.6				Change	
NAME	CURLES, JOHN		1.2 NAME					
STREET ADDRESS	1648 SOUTH WALNUT S	ST.	1.3 STREE	FADDRESS				
CHTY-ST-ZIP	STARKE FL 32091		1.4 C+TY -				0: E7 N44	
TETLE	D	☐ DELFTE	2 1 THUE				Change	
NAME	Curles, John	_	2.2 NAME					
STREET ADDRESS	1648 SOUTH WALNUT S	ST.	1	T ADDRESS				
CITY - ST - ZIP	STARKE FL 32091	PT NO FIE	2.4 CITY				Change Addition	
TITLE		DELETÉ	3 1 1/1/16		A	LJ	Gridinge   Addition	
NAME			3.2 NAM6		·			
STREET ADDRESS				FT ADDRESS				
CITY · ST - ZIP		☐ DEFELE	3.4 CiTY 4.3 TiTLI				Change Addilio	
TITLE		L'i pecere	4.2 NAM5					
NAMÉ				ET ADDRESS				
STREET ADDRESS								
CITY - ST - ZIP		□ DELETE	4.4 CiTY 5.1 Till				Change	
TITLE			5.2 NAM			<b>L</b>		
NAME execut underse				ET ADORESS				
STREET ADDRESS			54 CiTY					
CITY-ST-ZIP TITLE		DELETE	6 1 TITL		2000019	4545	CA⊒age ∏ Additi	
NAME			6.2 NAM		3000018 -05/31/96010	บเดีกรี	3	
			1	ET ADOFESS	***208.80	,,,	· . \	
STREET ADDRESS			6 4 CITY	1	***************************************		Cox NV	
CITY-ST-ZIP	<u> </u>		0 4 0111	21.30	f. His a section stated in Continue 110	OZIOVIA CIAN	La Mario	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Status S. Yurkine 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 a highly wider early, 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 migratine appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DE DIRECTOR

CR2E034 (12/95)