

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000041741 (6)**

1. Corporation Name
PAULA OGLESBEE HANDYMAN AND GENERAL MAINTENANCE CORPORATION



Principal Place of Business: **2133 EAST PAMELA COURT HERNANDO FL 34442**
Mailing Address: **2133 EAST PAMELA COURT HERNANDO FL 34442**

3. Date Incorporated or Qualified: **05/23/1995**
3a. Date of Last Report
4. FEI Number 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 2133 E PAMELA COURT
Suite, Apt. #, etc.
22
City & State: **HERNANDO, FL.**
Zip: **34442** Country: **CITRUS**
23
24 34442 25 Citrus
26 2133 EAST PAMELA COURT
Suite, Apt. #, etc.
27
City & State: **HERNANDO, FL.**
Zip: **34442** Country: **CITRUS**
28 34442 29 Citrus 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OGLESBEE, PAULA
2133 EAST PAMELA COURT
HERNANDO FL 34442**

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 their qualifications

Signature typed or printed name of registered agent and their qualifications

DATE

12. OFFICERS AND DIRECTORS	
TITLE	OWNER/OFFICER/DIRECTOR <input type="checkbox"/> DELETE
NAME	PAULA OGLESBEE
STREET ADDRESS	2133 EAST PAMELA COURT
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001831374
5.4 CITY-ST-ZIP	-05/21/96--01032--022
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	5-1-96
6.4 CITY-ST-ZIP	OGES

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: *Paula Oglesbee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 352-637-4824
DATE DAY/PHONE #

CR2E034 (12/95)