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**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

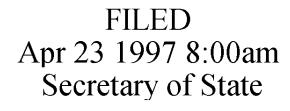
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000029095 (2)

T & J HOME IMPROVEMENT, INC.

		_	
Principal	Place of	Rusiness	





Fillicipal Flaci	e or business	Maning Address				
22099 BINHAM PORT CHARLOT		22098 BINHAM AVE PORT CHARLOTTE FL 339	54-2325			
,*					3. Date Incorporated or Qualified 04/03/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Applied For
21 2200					65-065635	
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Counti	У	This corporation has liability for Florida Statutes	intangible tax under s. 199.032. XYes
	9. Name and Address of Current	Registered Agent		.,	10. Name and Address of New Re	gistered Agent
	H, WALTER J		8	1 Name		
22098 BINHAM AVE PORT CHARLOTTE FL 33954		8:	82 Street Address (P.O. Box Number is Not Acceptable)			
			8:	3		
			8	4 City		FL 85 Zip Code
agent. I a SIGNATURE	egistered agent, or both, in the State or mamiliar with, and accept the obligation of the obligation of the state of the s	ons of, Section 607.0505, F	lorida Statut	es.	poration's board of directors. I hereby acce	pt the appointment as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FEITH, WALTER J		1.2 NAME			
STREET ADDRESS	22098 BINHAM AVE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	T belete	1.4 CITY-		<u> </u>	
TITLE	NIGRO, MICHAEL E	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME Street address	22098 BINHAM AVE		2.2 NAME			
CITY-ST-ZIP	PORT CHARLOTTE FL 33954		2.3 STRES	EL ADDRESS		
TITLE		DELETE	3.1 TITLE	31 211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	4.4 CITY - 5 1 TITLE	21-71		☐ Change ☐ Additio
NAME			5.2 NAMI			
STREET ADDRESS				Ft address		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Additio
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	E1 ADORESS		
CITY-ST-ZIP			6.4 City			
4.4 I do boso	har mouth, that the information armalised	with this diam along the delication	life of the second		plated in Castina 110 07/3/6). Elevide Ctatute	17 11 12 11 11

non-properties 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 on an attachment with an address.