

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036887 (3)

1. Corporation Name

PL HOME SERVICES CORP.

Principal Place of Business

3400 S TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

Mailing Address

3400 S TAMiami TRAIL, SUITE 303
SARASOTA FL 34239-6023



3. Date Incorporated or Qualified

04/29/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 408 PROSPECT AVE

26 408 PROSPECT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0680858

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

City & State

23 LEHIGH ACRES

City & State

28 LEHIGH ACRES

Zip

24 33936

Country

25 Florida

Zip

29 33936

Country

30 Florida

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
3400 S TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

PARTHEYMULLER, HORST

82 Street Address (P.O. Box Number is Not Acceptable)

408 PROSPECT AVE

83

84 City

LEHIGH ACRES

FL

85 Zip Code

33936

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS PARTHEYMUELLER, HORST
CITY-ST-ZIP 408 PROSPECT AVE
LEHIGH ACRES FL 33936

TITLE ☐ DELETE

NAME D
STREET ADDRESS PARTHEYMUELLER, UTE
CITY-ST-ZIP 408 PROSPECT AVE
LEHIGH ACRES FL 33936

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 if changing, or in an attachment with an address.

SIGNATURE

2.1. 3.1. 1997

941-768-5700

CR2E034 (9/96)