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May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000089606

1. Corporation Name
MEELER'S HOME REPAIR INC

Principal Place of Business	Mailing Address
519 E PASADENA AVE CLEWISTON, FL 33440	P.O. BOX 42 CLEWISTON,FL 33440

3. Date Incorporated or Qualified: 11/1/96
3a. Date of Last Report:

2. Principal Place of Business
21 519 E PASADENA AVE
22 Suite, Apt. #, etc.
23 City & State: CLEWISTON, FL
24 Zip: 33440 Country: 25 HENDRY

2a. Mailing Address
26 P.O. BOX 42
27 Suite, Apt. #, etc.
28 City & State: CLEWISTON, FL
29 Zip: 33440 Country: 30 HENDRY

4. FEI Number: 65-0703536 [X] 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 [X] No

9. Name and Address of Current Registered Agent

REBECCA MEELER
519 E PASADENA AVE
P.O. BOX 42
CLEWISTON, FL 33440

10. Name and Address of New Registered Agent

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: Rebecca Meeler V. Pres DATE: 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[X] Change [ ] Addition SECRETARY RICHARD SLAUGHTER 519 E PASADENA AVE CLEWISTON, FL 33440
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Addition V-PRESIDENT REBECCA MEELER 519 E PASADENA AVE CLEWISTON, FL 33440
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition 300002202283 -06/05/97--01003--042 ***165.00

5/22/97

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: REBECCA MEELER Rebecca Meeler 4/28/97 941-983-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #