

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000078842 (6)**  
 1. Corporation Name  
**AMERICAN HOME SERVICES USA, INC.**

Principal Place of Business <b>5802 CHERRY RD. OCALA FL 34472</b>	Mailing Address <b>5802 CHERRY RD. OCALA FL 34472</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>2303-A NE 36 AVE</b>	26 <b>2303-A NE 36 AVE</b>		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <b>OCALA, FL.</b>		27 City & State <b>OCALA, FL.</b>	
24 Zip <b>34470</b>	25 Country <b>USA</b>	29 Zip <b>34470</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>09/05/1997</b>	4. FEL Number <b>59-346-7049</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ARMSTRONG, CHRIS**  
**5802 CHERRY RD.**  
**OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name <b>Kenny Smith</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2303 A NE 36th Ave.</b>
83
84 City <b>OCALA</b>
85 Zip Code <b>FL 34470</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Ken Smith** DATE **3/11/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARMSTRONG, CHRIS</b>	
STREET ADDRESS	<b>5802 CHERRY RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARMSTRONG, SCOTT</b>	
STREET ADDRESS	<b>5802 CHERRY RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, KENNY</b>	
STREET ADDRESS	<b>5802 CHERRY RD.</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
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	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Ken Smith** DATE: **3/11/98** **352-620-0051**

CR2E034 (10/97)