

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90122 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000063156					
1. Corporation Name HOME REPAIR SERVICES, INC.					
Principal Place of Business 787 BAYFRONT TERRACE SEBASTIAN FL 32958			Mailing Address 787 BAYFRONT TERRACE SEBASTIAN FL 32958		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 TERESA F. GATH Suite, Apt. #, etc. 22 787 Bayfront Terr City & State 23 SEBASTIAN FL Zip 24 32958			2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
3. Date Incorporated or Qualified 07/15/1998			4. FEI Number 65 0857326		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent GATH, TERESA F 787 BAYFRONT TERRACE SEBASTIAN FL 32958			10. Name and Address of New Registered Agent 81 Name TERESA F. GATH 82 Street Address (P.O. Box: Number is Not Acceptable) 787 Bayfront Terr 83 84 City Seb FL 85 Zip Code 32958		
11. Pursuant to the provisions of Sections 607.050; 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ DELETE ☐ Change ☒ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE ☐ DELETE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE ☐ DELETE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE ☐ DELETE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE ☐ DELETE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE ☐ DELETE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Teresa Gath **TERESA F. GATH - PRES.** 4-23-99 561-388-1653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)