FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07481** **(2)**

1. Corporate Name

HOME EMERGENCY SERVICES, INC.

Principal Place of Business	Mailing Address
16606 NE 3 AVENUE MIAMI FL 33162	16606 NE 3 AVENUE MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1990**	3a. Date of Last Report: **08/25/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite/Apt. # (22)	Suite/Apt. # (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)
4. FEI Number: **65-0236667**	☐ 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. Does corporation have intent to engage in business in Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONROY, JOSE MICHAEL **10810 S.W. 84TH STREET** **MIAMI FL 33173**	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 Section 607.1005, [illegible] 1995 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. Secretary was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.325, Florida Statutes.

SIGNATURE [illegible]

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Y)
TITLE: D NAME: MONROY, JOSE M., JR. STREET ADDRESS: 10810 SW 84ST CITY-ST-ZIP: MIAMI FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added by this report with an address.

SIGNATURE: [signature] 305-354-2888

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Telephone Number

0174880 CP

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APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # S07498 (6)

1. Corporation Name

DACO PRODUCTS, INC.

Principal Place of Business	Mailing Address
1216 S.E. 43 RD. TERRACE CAPE CORAL FL 33904	1216 S.E. 43 RD. TERRACE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/22/1990	05/01/1994

4. FEI Number: 65-0225393 [ ] Applied For [ ] Not Applicable

2. Principal Office of Business: 21 | 2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27
City & State: 23 | City & State: 28
Zip: 24 | Country: 25 | Zip: 29 | Country: 30

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

KINSELL, DAVID ALAN
1216 SE 43RD TERRACE
CAPE CORAL FL 33904

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 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KINSELL, DAVID A.
STREET ADDRESS	1216 SE 43RD TERRACE
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VT
NAME	KINSELL, SHARON H.
STREET ADDRESS	1216 SE 43RD TERRACE
CITY-ST-ZIP	CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: David A. Kinsell DAVID KINSELL 05/17/95 813 549 7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0449747 FP