FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996	DIVIS	DIVISION OF CORPORATIONS						
1. Corporation Name		(5)						
DON'S HOME REPAIR,	ING.							
Principal Place of Business	Mailing Address	3						
POB 743	POB 743							
GENEVA FL 32732	GENEVA FL	32732					· · · · · · · · · · · · · · · · · · ·	
					3. Date Incorporated or Qualifie 06/24/1991	1	te of Last Re 02/09/19	•
2. Principa! Place of Business	2a. Mailing Add	ress			4. FEI Number		1	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. 4	# etc			59-3076957			Not Applicable Additional
22	27				5. Certificate of Status Desired			Required
City & State	City & State	1			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zıp Countr	·	├ ¬	ountry		8. This corporation has liability f		tax under s	199.032,
25 Q Name and Addr	29 ess of Current Registered Agent	30	-т		Florida Statutes	′es ∏No ⁄Registere	d Agent	
			81	Name				
KOON, DON			82	Street Add	dress (P.O. Box Number is Not Accep	table)		
600 RACOON TR			83					
GENEVA FL 32732				City			ne 76	Cada
			84	GILV			85 Zip	Code
				,		F	— 1 1 -	
Pursuant to the provisions of Sect or registered agent, or both, in the	e State of Florida. Such change was	s authorized by the	bove-n e corpo	amed corre	oration submits this statement for the lard of directors. I hereby accept the a	ournose of o	hanging its r	egistered office agent. I am
or registered agent, or both, in the familiar with, and accept the obliga	tions 607.0502 and 607.1508, Florid e State of Florida. Such change was ations of, Section 607.0505, Florida	s authorized by the	bove-n e corpo	amed corre	oration submits this statement for the ard of directors. I hereby accept the a	ournose of o	hanging its r	egistered office agent. I am
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ornagem indicated on this amount report or suppremental arritual report is true and accurate and that my signature shall have the same legal effect as if made under official or dilector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name 12 or Flock 13 of chapted, as on amattagement with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytrile Fftone #