SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:18

DOCUMENT # S89000 (1)

1. Corporation Name
HOME IMPROVEMENT CONSULTANTS, INC.

Principal Place of Business
114 CLEARWATER-LARGO RD S
LARGO FL 34640

Mailing Address
114 CLEARWATER-LARGO RD S
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 03/08/1994
4. FEI Number: 65-0298205 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired NA — $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 ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DONOFRIO, FRANK E.
114 CLEARWATER-LARGO RD S
LARGO FL 34640

10. Name and Address of New Registered Agent

61 Name: TRACY M MITCHELL
62 Street Address (P.O. Box Number is Not Acceptable)
63 114 Clearwater-Largo Rd So
64 City: LARGO FL 65 Zip Code: 34640

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: [signature] TRACY M MITCHELL PRESIDENT

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	DONOFRIO, FRANK E.	12 NAME	TRACY M MITCHELL
STREET ADDRESS	114 CLEARWATER LARGO RDS	13 STREET ADDRESS	114 Clearwater Largo Road So
CITY, ST, ZIP	LARGO FL	14 CITY, ST, ZIP	Largo FL 34640
TITLE	CO	21 TITLE	☐ Change ☐ Addition
NAME	DONOFRIO, PAULINE R	22 NAME	
STREET ADDRESS	114 CLEARWATER LARGO RDS	23 STREET ADDRESS	
CITY, ST, ZIP	LARGO FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] TRACY M MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 581 6670

CR2E034 (3/95)

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