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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V21092

(4)

## **FILED** Apr 15 1998 8:00am Secretary of State

	'S HOME MAINTENANCE, I	NC.				
Principal Pla	ace of Business	Mailing Address			HANTA MANDA MANDA MANDA SANDA	
		415 CINNAMON OAK CO LAKE MARY FL 32746	PURT	DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualified		
				03/12/1992		
	Place of Business	2s. Mailing Address		4. FEI Number	Applied For	
21		26		59-3112422	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & St	tata	City & State			Fee Required	
23	la (e	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	···	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur		1	10. Name and Address of New Register	ed Agent	
Н	ANSON, JOHN E.		81 Name		<u> </u>	
415 CINNAMON OAK COURT			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	AKE MARY FL 32746		52 817017100	ress (1 to the box Hamber is Not Neceptable)		
			83			
		•	84 City		85 Zip Code	
					·L   `	
agent. I	am familiar with, and accept the ob	1502 and 607.1508, Florida Statu te of Florida Such change was ligations of, Section 607.0505, Fl	tes, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of Changing its registered appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NO	E. Registered Agent signature requi	red when reinstating) DAT	<u> </u>	
12.	OFFICERS /	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	HANSON, JOHN E		1.2 NAME			
STREET ADDRES		रा	1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL	Torrett.	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	s		2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		Change Addition	
TITLE		in precie	3.1 TITLE		LI Change LI Addition	
NAME STREET ADDRESS	c		3.2 NAME 3.3 STREET ADDRESS			
	<b>`</b>					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME	1		4. 2 NAME			
STREET ADDRESS	s		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	<del> </del>	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		}	
STREET ADDRESS	s		5.3 STREET ADDRESS		İ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
: NAME			6.2 NAME			
STREET ADDRESS	s		6.3 STREET ADDRESS			
. CITY-ST-7IP	1		GACITY-CT-7ID			

14. Thereby 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.