

ANNUAL REPORT
1995

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 26 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56173** (0)
1. Corporation Name
HANDLEY ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
3240 PLEASANT HILL RD **3240 PLEASANT HILL RD**
KISSIMMEE FL 34746 **KISSIMMEE FL 34746**

3. Date Incorporated or Qualified **08/06/1992** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3142791		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. City & State		28. City & State					
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HANDLEY, JOAN E 3240 PLEASANT HILL RD KISSIMMEE FL 34746				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, JOAN E	1.2 NAME	
STREET ADDRESS	3240 PLEASANT HILL RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34746	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, MICHAEL K	2.2 NAME	
STREET ADDRESS	3240 PLEASANT HILL RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(4), 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: Joan E. Handley President JOAN E. HANDLEY 4/21/95 407-933-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #