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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V62858

(8)

HOME SERVICE CENTRE CORPORATION

| Principal Plac | | Mailing Address | | | JION DIBN DIBN BIBN BIBN DIDN 1881 |
|--------------------------------------|--|--|---|--|---------------------------------------|
| 818-27TH-ST 3 RUSKIN FL 33 US | SE 1601 U.S. HWY4 570 | / So. P O BOX 5125 -918 27711 87 SE Su - RUSKIN FL 20571 51 25 | n city Cont | en | |
| | | | 77. 3337/ | 3. Date Incorporated or Qualified 09/08/1992 | 3a. Date of Last Report 04/09/1996 |
| _ 2, Principal ₽ 21 | lace of Business | 2a. Mailing Address | 4 | 4. FEI Number 59-3186628 | Applied For Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | l | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | 0 | City & State | *************************************** | 6. Election Campaign Financing | Fee Required |
| 23 | | 28 | | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip [⊶] | Country | Zφ | Country | B. This corporation has liability for in | , |
| 24 | 25 9. Name and Address of Curre | | 30 | Florida Statutes 10. Name and Address of New Reg | Yes No |
| COL | | · · · · · · · · · · · · · · · · · · · | 81 Name | IV. Harris and Address of Hew Aley | hatelen Agelli |
| .D18 | OK, SAM -27th St SE 1601 45 A | 14441.30 | 1 1 | and the same of th | |
| P () | 27TH ST SE 1601 45 h BOX 5125 Sun city C | 'entex. 41. 33511 | 82 Street Ad | ddress (P.O. Box Number is Not Acceptabl | e) |
| RUS | SKIN FL 33571 | | 83 | 1 4.3. 469 41 30. | , |
| 1100 | X414 1 E 0007 1 | | | | |
| | | | 84 City | ichia. | FL 85 Zip Code 33570 |
| office or r | to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli | te of Florida. Such change was au | ithorized by the corpo | orporation submits this statement for the puration's board of directors. I hereby accept | urpose of changing its registered |
| SIGNATURE | , | | | | |
| | Signature, typed or puriou name of registered a | gent and tibe if applicable (NOTE: | Registered Agent signature re | quired when re-instating) | DATE. |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | |
| 1:1L f | PD | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | COOK, SAM | | 1.2 NAME | | 0 . |
| STREET ADDRESS | -918-27TH-9T SE | | 1.3 STREET ADDRESS | 1601 U.S. HWY 41. So | - |
| CHTY-ST-ZIF | RUSKIN FL | *************************************** | 1.4 City - St - ZiP | | 335 70 |
| TILE | D | [_] DELETE | 2.1 TITLE | | Change Addition |
| NAME | HALL, MARY | | 2.2 NAME | | Ca |
| STREET ADDRESS | 918 27TH ST SE | | 2.3 STREET ADDRESS | 1601 U.S. Huy 41. | 70 |
| CITY - S1 - ZIF | RUSKIN FL | | 2.4 CITY-ST-ZIP | | <u> 33670.</u> |
| Ti D F | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CHY-ST-ZIF | | | 3.4. CITY+ST+ZIP | | |
| TOLE | | L DELETE | 4.1 TITLE | | L Change L Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIF | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5 4 CITY-ST-ZIP | | |
| THILE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

14. Ido hereby 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 eath; that I am an officer or oriector 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 of an fed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (8/3)634-1364

FILED

Mar 05 1997 8:00am

Secretary of State