

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **531548** (6)

1. Corporation Name
SPECIALTY MAINTENANCE & CONSTRUCTION, INC.



Principal Place of Business: P.O. BOX 7120, LAKELAND FL 33807-7120
Mailing Address: P.O. BOX 7120, LAKELAND FL 33807-7120

3. Date Incorporated or Qualified: **04/14/1977**
3a. Date of Last Report: **04/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1737249	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	25		30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SELLERS, DEVON 4015 DRANE FIELD ROAD LAKELAND FL 33811				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMMER, MICHAEL W	1.2 NAME	
STREET ADDRESS	2908 ASTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, ROBERT S.	2.2 NAME	
STREET ADDRESS	203 BRIARHILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICUS, BRUNER R.	3.2 NAME	
STREET ADDRESS	603 NORTHSIDE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL	3.4 CITY-ST-ZIP	
TITLE	VM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS, DEVON M	4.2 NAME	
STREET ADDRESS	1990 DELA PALMA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM H	5.2 NAME	
STREET ADDRESS	108 LAKE RIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE AL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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)(k), 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: *Devon Sellers* DATE: **4/15/96** TELEPHONE: **941-644-8432**

CR2E034 (12/95)