

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

0044832

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001120
 1. Corporation Name
SERVICE PRO MAINTENANCE COMPANY, INC.

Principal Place of Business PO BOX 359 JACKSONVILLE FL 32201	Mailing Address PO BOX 359 JACKSONVILLE FL 32201
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

WILLINGHAM, BEN H JR	81 Name
325 W ADAMS ST 6TH FL	82 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32202	83
	84 City
	FL 85 Zip Code

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature and title are required)

12. OFFICERS AND DIRECTORS		
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	WILLINGHAM, BEN H JR.	
STREET ADDRESS	325 W ADAMS ST 6TH FL	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	MCAFFEE, T.J.	
STREET ADDRESS	325 W ADAMS ST 6TH FL	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SB Jose M. Oliver	
23 STREET ADDRESS	325 W. Adams St., 6th Floor	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32201	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 ****158.75 ****158.75

JD 2-24-99

14. I 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 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 964-355-3500

CR2E034 (11/98)