

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

**APPROVED
AND
FILED**

95 FEB 27 AM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000057043 (0)

1. Corporation Name
PREVENTIVE MAINTENANCE SERVICES COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**118 WESTSHORE BLVD.
#336
TAMPA FL 33609
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/10/1993 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **410 150th Avenue** 26 **410 150th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite F** 27 **Suite F**
City & State City & State
23 **Madeira Beach, FL** 28 **Madeira Beach, FL**
Zip Zip Country Country
24 **33708** 25 **Pinellas** 29 **33708** 30 **Pinellas**

4. FEI Number Applied For
59-3202070 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**METOUR, CAROLE
118 WESTSHORE BLVD.
#336
TAMPA FL 33609**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
410 150th Avenue
83 **Suite F**
84 City 85 Zip Code
Madeira Beach FL 33708

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 _____ (Signature, typed or printed name of registered agent and title if applicable) DATE _____ (Date Registered Agent signature required when registering) DAY _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	METOUR, CAROLE
STREET ADDRESS	118 WESTSHORE BLVD., #336
CITY- ST- ZIP	TAMPA FL
TITLE	D
NAME	MARTHERUS, NICO
STREET ADDRESS	17429 SECOND STREET EAST
CITY- ST- ZIP	REDINGTON SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	17429 Second Street East
14 CITY- ST- ZIP	Redington Shores, FL 33708
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(4)(b), 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: *Carole Metour* **Carole Metour, President** 02/21/95 813/392-3954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)