

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001120 (1)

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

58-1820794

Applied For

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 ~~JACKSONVILLE FL 32201~~

Suite, Apt. #, etc.

22 ~~6000000000~~

City & State

23 ~~JACKSONVILLE FL 32201~~

Zip

24 ~~32201~~

Country

25 ~~USA~~

2a. Mailing Address

26 ~~JACKSONVILLE FL 32201~~

Suite, Apt. #, etc.

27 ~~6000000000~~

City & State

28 ~~JACKSONVILLE FL 32201~~

Zip

29 ~~32201~~

Country

30 ~~USA~~

9. Name and Address of Current Registered Agent

MCAFFEE, T.J.
100 LAURA ST., STE. 600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

325 WEST ADAMS STREET, 6TH FLOOR

83

84 City JACKSONVILLE

FL

85 Zip Code 32202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CPD
WILLINGHAM, BEN H JR.
STREET ADDRESS 100 LAURA ST., STE. 600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME DVS
MCAFFEE, T.J.
STREET ADDRESS 100 LAURA ST., STE. 600
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 325 WEST ADAMS STREET, 6TH FLOOR
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 325 WEST ADAMS STREET, 6TH FLOOR
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Ben H. Willingham

3/5/98

904-355-3500

CR2E034 (10/97)