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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Merthar

Secretary of Stall DIVISION OF CORPORATIONS

DOCUMENT # 277920

101

FILED May 05 1997 8:00am Secretary of State

1. Corporation Name ALL SERVICES AND MAINTENANCE, INC. Principal Place of Business 2280 TAMIAMI TRAIL EAST NAPLES FL 33962 Mailing Address 2280 TAMIAMI TRAIL EAST NAPLES FL 34112-4708							
				3. Date Incorporated or Qualified 02/16/1971	3a. Date of Last 03/05/1996	Report	
	Place of Business	2a. Mailing Addres	S	4. FEI Number	<u></u>	Applied For	
Suite, Ap	at # etc	26] Suite, Apt. #, e		58-1138523	A	Not Applicable Additional	
2	(II, V.C.	27		5. Certificate of Status Desired	120	Required	
City & Str	ato	City & State		6. Election Campaign Financing		May Be	
:3		28	Country	Trust Fund Contribution		d to Fees	
Zipi 24	Country 25	Z _i p	Country 30	This corporation has liability fo Florida Statutes	r intangible tax under ☐ Yes ☐ No	s. 199.032,	
*1	9. Name and Address of Co		30	10. Name and Address of New F			
226	INDES, ANTONE C. 80 TAMIAMI TR. E. PLES FL 33982			Street Address (P.O. Box Number is Not Acceptable) 2 2 60 Tam (Am 1 The			
			83 84 City	NAPLES	FI 2	p Code	
agent. I SIGNATURE 12. Titus	Signature, typical or printed of the of teg-ster	obligations of, Section 607.05 C.D. STOUFFFA red agent and the If applicable S AND DIRECTORS	(NOTE: Registered Agent signature i	corporation submits this statement for the oration's board of directors. I hereby according to the oration's board of directors. I hereby according to the oration's board of directors. I hereby according to the oration of the orati	DATE	ORS IN 12	
NAME STREET ADDRESS	MENDES, ANTONE C.		1.2 NAME				
CITY - ST - ZIP	NAPLES FL		1.3 STREET ADDRESS 1.4 City-St-Zip	CHARLES STO 2260 TAMIAN NAPLES FL.S	MITR.E		
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14. I do 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 thment with an address.

SIGNATURE:

HEGHELL INTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 941-775-4900 Date Date