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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 422284

(0)

1. Corporation C & S	MAINTENANCE CONSULTA	ANTS, INC.							
Principal Place of Business Mailing Address						I IDDIII BYDIE YUYU IIDIA IIDIA IIDI	I BURA FUNAK DI		
1345 INDUSTRIAL PARK RD. Mulberry FL 33860		1345 INDUSTRIAL PARK RD. MULBERRY FL 33860							
						3. Date Incorporated or Qualified 03/29/1973		te of Last F)5/01/19	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 59-1455551		Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.				JO 17JJJJ 1			Not Applicable
22		27				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution		•	ed to Fees
Zip	Country	Z _K j	Countr	У		8. This corporation has liability for	•	tax under s	199.032,
24	9. Name and Address of Curren	29 t Registered Agent	30			Florida Statutes	Registerer	Agent	
			8	1 Name		10, Hame and Address of New 1	TO BISTOR OF	Agein	
SISTRUNK, THOMAS C			8:	2 Ctrool	Addross	s (P.O. Box Number is Not Acceptal	hla)		
	NIPER CIRCLE		6.	z Sireei	Address	s (r.:o. box namber is not Acceptai	nej		
PLANT CITY FL 33566			8	3					
			8-	4 Oity				85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				1		<u> </u>			
or registere	ed agent, or both, in the State of Florich, and accept the obligations of, Section 2015	fa. Such change was author	ized by the cor	poration's	s board o	on sturrints this staterrient for the po of directors. Thereby accept the app	irpose or cr pointment a	ranging its s registered	registered office d agent. I am
SIGNATURE	Signatine typed or product name of nigrocecol agent	a of the drappination of	iOTE Beginnesst Ag	sitsgrafin	regional wh	er terefalligi	DATE		
12.	PST OFFICERS AND	the state of the s	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	SISTRUNK, THOMAS C	DELETE	1 1 T TLE		P	1 17	- 0	Change	Addition
NAME STREET ADDRESS	11270 CAMP MAC RD		1 2 NAME		2)5	struck , I homa	\sim	.+.	
CHTY - ST - ZiP	LAKE WALES FL		1.3 STREET ADDRESS 2		Pie	11 Wedgewood	-23F		
TITLE	ST	☐ OĒLĒTĒ	2.1 1:10		57	not city the		Change	☐ Addition
NAME	SOLOMON, E RAE	_	2.2 NAME		h '.	OMON, E RAE		,	
STREET ADDRESS	5129 BONNYBROOK DR E		23 STREE	L ADDRESS	519	35 LUNN Road	.		
CITY-ST-ZIP	LAKELAND FL		2 4 CITY -	ST-ZIF		KeIAND, FL	3	3811	
TITLE		☐ DELETE	3 1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			33 S*RE	ET ADDRESS					
CITY-ST-ZIP TITLE		m ostere	34 Cily						- Nation
NAME		DELETE	4 1 11/12					Change	Add tion
STREET ADDRESS			4.2 NAME	E ADDRESS					
CITY-ST-ZIF			4.4 CITY -						
TITLE		DELETE	5 1 THE		†			Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY	ST ZIP	<u></u>				
TITLE		DELETE	6 1 TITLE					☐ Change	Addition:
NAME			6.2 NAME						
STREET ADDRESS			& 3 STREE	T ADDRESS					
CITY - ST - ZIP			6.4 CITY -	ST ZIP	J				

14. To hereby certify that the information supplied with this fung 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 dijector of the certification 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 Brock 13 if changed or on agrain with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(941)425-3188

Daytin e Phone #

CR2E034 (12/95)