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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 531548 (6)
1. Corporation Name
SPECIALTY MAINTENANCE & CONSTRUCTION, INC.



Principal Place of Business
P.O. BOX 7120
LAKELAND FL 33807-7120

Mailing Address
P.O. BOX 7120
LAKELAND FL 33807-7120

3. Date Incorporated or Qualified
04/14/1977

3a. Date of Last Report
04/18/1996

4. FEI Number
59-1737249

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

SELLERS, DEVON
4015 DRANE FIELD ROAD
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	GRAMMER, MICHAEL W	1.2 NAME	
STREET ADDRESS	2908 ASTON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	
NAME	SANFORD, ROBERT S.	2.2 NAME	
STREET ADDRESS	203 BRIARHILL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE AL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	DICUS, BRUNER R.	3.2 NAME	
STREET ADDRESS	603 NORTHSIDE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE AL	3.4 CITY - ST - ZIP	
TITLE	VM	4.1 TITLE	
NAME	SELLERS, DEVON M	4.2 NAME	
STREET ADDRESS	1980 DELA PALMA	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	4.4 CITY - ST - ZIP	
TITLE	VT	5.1 TITLE	
NAME	BENNETT, WILLIAM H	5.2 NAME	
STREET ADDRESS	108 LAKE RIDGE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ENTERPRISE AL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, or on an attachment with an address.

SIGNATURE: Devon Sellers 1-14-97 941-644-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)