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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

LAKE WORTH FL 33460

2. Principal Place of Business

Suite, Apt #, etc.

City & State

SIGNATURE:

23

Zip

604A N G STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

(1)

Mailing Address

PO BOX 6002

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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SOUTHBORO STATION WEST PALM BEACH FL 33405

T & C MAINTENANCE, INC.

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualified 04/06/1978

59-1814489

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

i Cichoon, illowno L.			81	Name	е		
1492 WILTSHIRE VILLAGE DR			82	Street Address (P.O. Box Number is Not Acceptable)			
WELLINGTON FL 33414							
			83				
			84	City		85 Zip	Code
				- ,	FL		
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 DIRECTO		13.	nt signatu	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
TITLE	PD OFFICE PD	DELETE	1.1 TITLE			Change	Addition
NAME	PETERSON, THOMAS E.		1.2 NAME			_ •	_
STREET ADORESS	1400 WILTOUIDE VILLACE DD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-S]:
TITLE			2.1 TITLE	1 241		Change	Addition
NAME			2.2 NAME				_
STREET ADDRESS	23\$'		2.3 STREET	ADDRESS	s Í		
CITY-ST-ZIP	2.40		2. 4 CITY - S		,		ļ
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NAME			4. 2 NAME				ļ
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CITY - ST - ZIP			4.4 CITY - ST	r-ZiP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	;]		
CITY-ST-ZIP		i	5.4 CITY-S	r- ZiP			
TITLE	☐ DELETE 6.1 TI		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS	;		i
CITY-ST-ZIP			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)(1), 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 robeiver 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.							

Country

81 Name

30