

FILED

[REDACTED]

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		Jan 16 1997 8:00am Secretary of State	
<b>DOCUMENT # 693727 (O)</b> 1. Corporation Name <b>MAINTENANCE SUPPLY &amp; MANAGEMENT, INC.</b>					
Principal Place of Business <b>2404 CARAMBOLA LANE ST JAMES CITY FL 33956</b>		Mailing Address <b>2404 CARAMBOLA LANE ST JAMES CITY FL 33956-2018</b>		3. Date Incorporated or Qualified <b>07/09/1981</b> 3a. Date of Last Report <b>01/25/1996</b>	
2. Principal Place of Business 21 <b>2308 S.W. 54<sup>th</sup> Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Cape Coral, Florida</b> Zip Country 24 <b>33914 U.S.A.</b>		2a. Mailing Address 26 <b>2308 S.W. 54<sup>th</sup> Lane</b> Suite, Apt. #, etc. 27 City & State 28 <b>Cape Coral, Florida</b> Zip Country 29 <b>33914 U.S.A.</b>		4. FEI Number <b>43-1082644</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WAGGONER, PAUL H. 5400 PINE ISLAND ROAD, SUITE D BOKEELIA FL 33922</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	ABERNATHY, GARY				
STREET ADDRESS	2404 CARAMBOLA LANE				
CITY - ST - ZIP	ST JAMES CITY FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	ABERNATHY, DORIS J				
STREET ADDRESS	2404 CARAMBOLA LANE				
CITY - ST - ZIP	ST JAMES CITY FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS	2308 S.W. 54 <sup>th</sup> Lane				
1.4 CITY - ST - ZIP	Cape Coral, Florida 33914				
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS	2308 S.W. 54 <sup>th</sup> Lane				
2.4 CITY - ST - ZIP	Cape Coral, Florida 33914				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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: <u>Doris J. Abernathy, Vice President</u> 1-7-97 941-549-5238					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					