

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F44038**

(0)

To: Corporation Name

J & L BUILDING MAINTENANCE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 822
ORMOND BEACH FL 32175-0822

P.O. BOX 822
ORMOND BEACH FL 32175-0822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2121397

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 109.02?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21. 274 Ocean Palm Dr.

2a. Mailing Address

26. P.O. BOX 822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. FLORIDA BEACH FLA

City & State

28. ORMOND BEACH FLA

Zip

Country

Zip

Country

24. 32136

25. FLORIDA

29. 32174

30. FLORIDA

9. Name and Address of Current Registered Agent

SWYKA, JULIUS G
274 OCEAN PALM DR
FLORIDA BEACH FL 32036

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 of Current Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SWYKA, JULIUS G.
STREET ADDRESS	274 OCEAN PALM DR
CITY, STATE, ZIP	FLORIDA BEACH, FL
TITLE	SV
NAME	SWYKA, LINDA
STREET ADDRESS	274 OCEAN PALM DR
CITY, STATE, ZIP	FLORIDA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, STATE, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, STATE, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, STATE, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, STATE, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, STATE, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(7)(b)(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) on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 904-439-7305