

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00****CORPORATION  
ANNUAL REPORT  
1995****FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS****FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS****95 JUN 16 AM 10:35****DOCUMENT # F76226****(2)****1. Corporation Name****ALL FORMS MAINTENANCE, INC.****Principal Place of Business****1803 U.S. HIGHWAY 19  
HOLIDAY FL 34691****Mailing Address****1803 U.S. HIGHWAY 19  
HOLIDAY FL 34691**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified****04/13/1982****3a. Date of Last Report****03/01/1994****2. Principal Place of Business****2a. Mailing Address****21**

Suite, Apt. #, etc.

**26**

Suite, Apt. #, etc.

**22**

City &amp; State

**27**

City &amp; State

**23**

Zip

Country

**28**

Zip

Country

**24****25****29****30****4. FEI Number****59-2186277****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****8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes**☐ Yes ☐ No**9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****BAKER, RICHARD W.  
1803 U.S. HIGHWAY 19  
HOLIDAY FL 34691****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 officer 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**

TITLE	PD
NAME	SPEER, ROY M.
STREET ADDRESS	1803 US HIGHWAY 19
CITY - ST - ZIP	HOLIDAY FL
TITLE	STD
NAME	SPEER, RICHARD M.
STREET ADDRESS	1803 US HIGHWAY 19
CITY - ST - ZIP	HOLIDAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Printed)