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

APPROVED AND FILED
95 MAY -1 PM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001399 (4)**

1. Corporation Name
PERIMETER MAINTENANCE CORPORATION

Principal Place of Business	Mailing Address
200 GALLERIA PARKWAY #1490 ATLANTA GA 30339	200 GALLERIA PARKWAY #1490 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 100 Galleria Pky NW
22 Suite, Apt. #, etc.: Suite 1070
23 City & State:
24 Zip:
25 County:

2a. Mailing Address
26: 100 Galleria Pky NW
27 Suite, Apt. #, etc.: Suite 1070
28 City & State:
29 Zip:
30 County:

4. FEI Number: 58-1616500 ☐ 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

9. Name and Address of Current Registered Agent

HELTON, TODD
7600 NW 11 PLACE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: TODD HELTON
82 Street Address (P.O. Box Number is Not Acceptable): 560 NW 86th Ave
83: #614
84 City: Plantation **FL** 85 Zip Code: 33324

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 _____ DATE
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	11 TITLE	☑ Change ☐ Addition
NAME	FAUCETTE, BRICKFORD	12 NAME	
STREET ADDRESS	200 GALLERIA PKWY #1490	13 STREET ADDRESS	100 Galleria Pky # 1070
CITY ST ZIP	ATLANTA GA 30339	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☑ Change ☐ Addition
NAME	BURNS, MICHAEL J	22 NAME	
STREET ADDRESS	200 GALLERIA PKWY #1490	23 STREET ADDRESS	100 Galleria Pky # 1070
CITY ST ZIP	ATLANTA GA 30339	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	FAUCETTE, LISA	32 NAME	
STREET ADDRESS	200 GALLERIA PKWY #1490	33 STREET ADDRESS	100 Galleria Pky # 1070
CITY ST ZIP	ATLANTA GA 30339	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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: _____ 1-17-95 404 659 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300284 FP