

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005344 (6)**

1. Corporation Name

COMPLETE PLANT MAINTENANCE, INC.



Principal Place of Business

Mailing Address

601 W. STATE ST.
SEDRO-WOOLLEY WA 98284

PO BOX 739
SEDRO-WOOLLEY WA 98284
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

03/08/1995

4. FEI Number

91-1310749

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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, typed, or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

☒ DELETE

NAME

CONNOLLY, DAN W.

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA

TITLE

PD

☐ DELETE

NAME

NORTON, JOHN R

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA

TITLE

SD

☒ DELETE

NAME

MANNELL, JOHN E.

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA

TITLE

T

☐ DELETE

NAME

KEI, HENRY L.M.

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA

TITLE

D

☒ DELETE

NAME

SOBEY, BOYD W.

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA

TITLE

D

☒ DELETE

NAME

SOBEY, BOYD W

STREET ADDRESS

601 W. STATE ST.

CITY-STATE-ZIP

SEDRO-WOOLLEY WA 98284

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

ROWE, THOMAS M.

1.3 STREET ADDRESS

601 W. STATE ST.

1.4 CITY-STATE-ZIP

SEDRO-WOOLLEY, WA 98284

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

SHANNON, EDWIN J.

2.3 STREET ADDRESS

601 W. STATE ST.

2.4 CITY-STATE-ZIP

SEDRO-WOOLLEY, WA 98284

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. R. Norton, President

1/23/96

(360) 856-0571

Date

Daytime Phone #

CR2E034 (12/95)