FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997

and the state of



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001992 (4)

COMMERCIAL BUILDING MAINTENANCE COMPANY FOR

FILED MAY 27 AM 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



FILLOPALFIACE	or pusitioss	Mithing Modress				
8511 REDFIELD DALLAS TX 75235		5511 REDFIELD DALLAS TX 75235-7309				
					3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		75-0918982	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	☐ Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes 🛛 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	stered Agent
C T	CORPORATION SYSTEM		81	Name		
	SOUTH PINE ISLAND ROAD		82	Stroot Add	ress (P.O. Box Number is Not Acceptab	n)
	NTATION FL 33324		62 Street Addi		ress (F.O. Box Norman is Nor Acceptab	
1	HITHIUH I & WUSET		83		-067037:	004777 7-0103-013
						(1)
			84	City		FI 85 Zip Code
11 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508 Florida Statut	es the above	L e-named corr	poration submits this statement for the p	urpose of changing its registered
office or re	egistered agent, or both, in the State	of Horida. Such change was a	authorized by	/ the corpora	tion's board of directors. I hereby accep	t the appointment as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, FR	วาณส อเสเนเน:	•		
SIGNATURE	Signature, typed or printed name of registured age	of any the it applicable (NOT	E Beasternd Aar	int signature requi	rreo when reinstating)	DATE
12.	OFFICERS AND		T 13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	EBERLINE, JANE		1,2 NAME			
STREET ADDRESS	RT 4 BOX 4120		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MINEOLA TX 75773		1.4 CITY - S			
TITLE	VS	DELETE	2.1 THLE			Change Addition
NAME	ARRINGTON, LARRY		2.2 NAME			
STREET ADORESS	9319 MOSS FARM LANE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	DALLAS TX 75243		2. 4 CHY-			
TITLE	D	DELETE	3.1 TITLE	51 Zii		Change Additio
NAME	ARRINGTON, BRENDA	<u> </u>	3.2 NAME			
STREET ADDRESS	9319 MOSS FARM LANE		3.3 STREET	ADDRESS		
	DALLAS TX 75243		3.4. CITY-			
CITY-ST-ZIP TITLE	STREETS IN TALTS	DELETE	4.1 111LE	VI '41	44.4	Change Additio
NAME		- Detect	4. 2 NAME			
STREET ADDRESS			4. 2 NAIVIE	ADDRESS		
				ŀ		
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	or - ZIP		Change Additio
TITLE NAME		L-J DELEGE				Shango Addino
			5.2 NAME	****		
STREET ADDRESS			53 STREET			
CITY-ST-ZIP	<u> </u>	T NUTE.	5.4 CITY-S	31 - ZIP		Change Additio
TITLE		DELETE	6.1 TITLE		•	C onguide C Maaiiia
NAME			6.2 NAME		. ^	_
STREET ADDRESS			6.3 STREET	ADDRESS	. M/	5-29-97
CITY_ST_7IP			6.4 CITY - 9	ST-ZIP	₩.	Y TOM Y I

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 eath; 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.