

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000001120 (1)

1. Corporation Name  
SERVICE PRO MAINTENANCE COMPANY, INC.

Principal Place of Business  
PO BOX 359  
JACKSONVILLE FL 32201

Mailing Address  
PO BOX 359  
JACKSONVILLE FL 32201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	<del>JACKSONVILLE FL 32201</del>	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	<del>JACKSONVILLE</del>	27	
City & State		City & State	
23	<del>JACKSONVILLE FL 32201</del>	28	
Zip	Country	Zip	Country
24	<del>32201</del>	25	<del>FL</del>
29		30	

3. Date Incorporated or Qualified 03/05/1997	
4. FEI Number 58-1820794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCAFFEE, T.J. 100 LAURA ST., STE. 600 JACKSONVILLE FL 32202		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 325 WEST ADAMS STREET, 6TH FLOOR 83 84 City JACKSONVILLE FL 85 Zip Code 32202	

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]*  
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	CPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINGHAM, BEN H JR.	1.2 NAME	
STREET ADDRESS	100 LAURA ST., STE. 600	1.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFFEE, T.J.	2.2 NAME	
STREET ADDRESS	100 LAURA ST., STE. 600	2.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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]* 3/5/98 904-355-3500

CR2E034 (10/97)