PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DE PARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F97000001120
1. Corporation Name	1 0 1 0 0 0 0 0 1 1 2 0

SÉRVICE PRO MAINTENANCE COMPANY, INC.

Principal Place o	Business	Mailing Addres	ss	. idatida tieft tmeit tatet Aditi Etill Eti
PO BOX 359 JACKSONVILLE FL	. 32201	PO BOX 359 JACKSONVILLE	FL 32201	DO NOT WRITE IN
2. Principal Plac	e of Business	2a. Mailing Add	dress	3. Date Incorporated or Qualified 03/05/1997 4. FE I Number 58-1820794
Suite, Apt. #,	etc.	Suite, Apt	#. etc	5. Certificate of Status Desired
City & State		City & Stat	e	6. Election Campaign Financing Trust Fund Contribution
Zip 24	Country 25	Ζφ 2 9	Country [30]	8. This corporation owes the currently Personal Property Tax
	9. Name and Address of C	urrent Registered Agent	t ` ` [10. Name and Address of New Regis
	GHAM, BEN H JR ADAMS ST ATH FI		81 Name 82 Street	. Address (P.O. Box Number is Not Acceptable)

325 W ADAMS ST 6TH FL JACKSONVILLE FL 32202

\$1.170	rst. Fr	1.500	
5 () (((())			

DO	MOT	WRITE	11.1	PILIT	CDACE

3.	Date	Incor.	oorated	O'	Qualified

03/05/1997

58-1820794

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [] Yes

LINo

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation sultrn to 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. Thereby a corpl the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

83 84 City

SIGNATURE	Signature, typed or printed came of registered aport and intent applicable	(SOTE Re	gistricid Agent signature.
12.	OFFICERS AND DIRECTORS		13.
TITLE	CPD	[] DELETE	TITULE
NAME	WILLINGHAM, BEN H JR.		1.2 NAME
STREET ADDRESS	325 W ADAMS ST 6TH FL		13 STREET ADORESS
CITY-ST-ZIP	JACKSONVILLE FL 32202		1.4 C/11 (ST-20)
TITLE	DVS	K DELETE	211011.5
NAME	MCAFEE, T.J.	'\	2.2 NAME
STREET ADDRESS	325 W ADAMS ST 6TH FL		235TREFFADORESS
CITY-ST-ZIP	JACKSONVILLE FL 32202		2 4 Citr - \$1 - Zii:
TITLE		E I DELETE	31T0,E
NAME			3.2 NAME
STREET ADDRESS			3 TSTREET ADDRESS
CITY-ST-ZIP			3.4 C(1) - 5.1 - 261
TITLE		[] DELFTE	41 TIE.F
NAME '			4.2 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			4.4 City-S1, 2IP
TITLE		() DELETE	5111116
NAME			5.2 NAM
STREET ADDRESS		į	53 STREET ADORESS
CITY-ST-ZIP			54 CITY - ST-216
TITLE	 	[1 DELETE	6.1 Tilluf
NAME			6.2 NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Jose M. Oliver Tose M. Oliver 325 W. Adams St., LH Hoer TACKSONVILLE, FL 32201

****158.75 ****158.75

[| Change | [|] Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fforda Statutes. I further certify that the information indicated on this annual report or supplied that annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or fine-deceiver or trustee/empowered to Accute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on arriving with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN S OFFICER OR DIRECTOR

1.14-99 964-355-3500

CR2E034 (

[] Addation