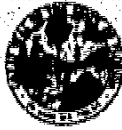


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H81485 (5)

1. Corporation Name
TOTAL OFFICE MAINTENANCE, INC.

Principal Place of Business Mailing Address
**11815 N. ARMENIA AVE. 11815 N. ARMENIA AVE.
2023 JOROME DR. 2023 JOROME DR.
TAMPA FL 33612 TAMPA FL 33612
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **59-2589521** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WIRTH, ALAN A.
2023 JOROME DR.
TAMPA FL 33612**

10. Name and Address of New Registered Agent
81 Name **Wirth, Alan A.**
82 Street Address (P.O. Box Number is Not Acceptable) **13106 Tifton Dr.**
83
84 City **Tampa** FL 85 Zip Code **33618**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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	
TITLE	PD
NAME	WIRTH, ALAN A.
STREET ADDRESS	2023 JOROME DR.
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	WIRTH, LINDA D.
STREET ADDRESS	2023 JOROME DR.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wirth, Alan A.
1.3 STREET ADDRESS	13106 Tifton Dr.
1.4 CITY - ST - ZIP	Tampa, FL 33618
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wirth, Linda D.
2.3 STREET ADDRESS	13106 Tifton Dr.
2.4 CITY - ST - ZIP	Tampa, FL 33618
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(4), 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: Linda D. Wirth Linda D. Wirth 4/27 933-6049
Signature and typed or printed name of signing officer or director Date (System Form 8)