

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

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**95 APR 17 PM 3:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

|   |   |  |
|---|---|--|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # H90954 (9)**

1. Corporation Name  
**COMMERCIAL BUILDING MAINTENANCE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>18260 PAULSON DR. 2A<br/>PT. CHARLOTTE FL 33963<br/>US</b> | Mailing Address<br><b>18260 PAULSON DR. 2A<br/>P.O. BOX 147<br/>MURDOCK FL 33308-0147<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

|                                      |  |
|--------------------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26                      |
| 22 Suite, Apt. #, etc.               | 27 Suite, Apt. #, etc.<br><b>PO Box 380147</b> |
| 23 City & State                      | 28 City & State                                |
| 24 Zip                               | 29 Zip   |
| 25 Country                           | 30 Country                                     |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/20/1985</b>   | 3a. Date of Last Report<br><b>04/20/1994</b> |
| 4. FEI Number<br><b>59-2612069</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                |  |
| 7. This corporation has liability for intangible tax under S. 199.0032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**FRANTZ, ROBERT J.  
17391 ANGEL AVE.  
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|--|---|---|
| TITLE<br><b>DP</b>                         | NAME<br><b>FRANTZ, ROBERT J.</b>         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>17391 ANGEL AVE.</b>  | CITY, ST, ZIP<br><b>PT. CHARLOTTE FL</b> | 1.2 NAME  |   |
| TITLE<br><b>V</b>                          | NAME<br><b>FRANZE, STEVE F.</b>          | 1.3 STREET ADDRESS                                    |   |
| STREET ADDRESS<br><b>5858 BERMONT ROAD</b> | CITY, ST, ZIP<br><b>PUNTA GORDA FL</b>   | 1.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br><b>ST</b>                         | NAME<br><b>FRANTZ, LINDA J.</b>          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>17391 ANGEL AVE.</b>  | CITY, ST, ZIP<br><b>PT. CHARLOTTE FL</b> | 2.2 NAME  |   |
| TITLE                                      | NAME                                     | 2.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 2.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                      | NAME                                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 3.2 NAME  |   |
| TITLE                                      | NAME                                     | 3.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 3.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                      | NAME                                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 4.2 NAME  |   |
| TITLE                                      | NAME                                     | 4.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 4.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                      | NAME                                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 5.2 NAME  |   |
| TITLE                                      | NAME                                     | 5.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 5.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                      | NAME                                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 6.2 NAME  |   |
| TITLE                                      | NAME                                     | 6.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                             | CITY, ST, ZIP                            | 6.4 CITY, ST, ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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: *Robert J. Frantz* *Steve Franze* *Linda J. Frantz* *4/11/95* *813 627-5780*  
(SIGNATURE AND TYPED OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR Date Telephone #