

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H90954 (9)**

1. Corporation Name
COMMERCIAL BUILDING MAINTENANCE, INC.



Principal Place of Business: **18260 PAULSON DR. 2A PT. CHARLOTTE FL 33953 US**
Mailing Address: **18260 PAULSON DR. 2A P.O. BOX 380147 MURDOCK FL 33938-0147 US**

3. Date Incorporated or Qualified: **12/20/1985**
3a. Date of Last Report: **04/17/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-2612069	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANTZ, ROBERT J. 17391 ANGEL AVE. PORT CHARLOTTE FL 33948				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title, if applicable. (NOTE: Registered Agent signature required when recertifying.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ, ROBERT J.		12 NAME		
STREET ADDRESS	17391 ANGEL AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	PT CHARLOTTE FL		14 CITY-ST-ZIP		33953
TITLE	V	<input type="checkbox"/> DELETE	2 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZE, STEVE F.		22 NAME	26336 NADIR A-4	
STREET ADDRESS	5656 BERMONT ROAD		23 STREET ADDRESS	PUNTA GORDA FL	33983
CITY-ST-ZIP	PUNTA GORDA FL		24 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3 1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANTZ, LINDA J.		32 NAME		
STREET ADDRESS	17391 ANGEL AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL		34 CITY-ST-ZIP		33953
TITLE		<input type="checkbox"/> DELETE	4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 119.07(3)(k), 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: Sandra B. Mortham 4-12-96 941-227-5780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)