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 # K13804 (5)

1. Corporation Name
COMMERCIAL LAND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
~~% BRUCE HOVLAND~~ 4480 EXCHANGE AVE NAPLES FL 33942 US	~~% BRUCE HOVLAND~~ 4480 EXCHANGE AVE NAPLES FL 33942 US

3. Date Incorporated or Qualified: **01/29/1988**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **65-0029433** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. **Name and Address of Current Registered Agent**

~~HOVLAND, BRUCE~~
4480 EXCHANGE AVE
NAPLES FL 33942

10. **Name and Address of New Registered Agent**

81 Name: JACINTO TAVARES
82 Street Address (P.O. Box Number is Not Acceptable): 4480 EXCHANGE AVE
83
84 City: NAPLES FL 85 Zip Code: 33942

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: Jacinto Tavares (Signature, typed or printed name of registered agent and title if applicable) Jacinto Tavares (NOTE: Registered Agent signature required when changing) Date: 4/22/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JACINTO TAVARES	
STREET ADDRESS	4480 EXHANGE AVE	
CITY-ST-ZIP	NAPLE FL	
TITLE	DS	☑ DELETE
NAME	BUCKLEY, MARY JEANNE	
STREET ADDRESS	4480 EXCHANGE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	☐ DELETE
NAME	BUCKLEY, CHARLES	
STREET ADDRESS	4480 EXCHANGE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	☐ DELETE
NAME	TORRES, NELSON	
STREET ADDRESS	4480 EXCHANGE AVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Jacinto Tavares (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4/22/96 Daytime Phone #: (941) 643 6205