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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

4480 EXCHANGE AVE
NAPLES FL 33942
US

Mailing Address

4480 EXCHANGE AVE
NAPLES FL 34104-7022
US

2. Principal Place of Business

21 370 Commercial Blvd.

Suite, Apt. #, etc.

22 City & State
23 NAPLES, FL

24 Zip
34104-4701

25 Country
Collier

2a. Mailing Address

26 370 Commercial Blvd

Suite, Apt. #, etc.

27 City & State
28 NAPLES, FL

29 Zip
34104-4701

30 Country
Collier

3. Date Incorporated or Qualified

01/29/1988

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0029433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

JACINTO TAVARES
4480 EXCHANGE AVE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
CHARLES B BUCKLEY

82 Street Address (P.O. Box Number is Not Acceptable)

370 COMMERCIAL BLVD

83

84 City
NAPLES

FL

85 Zip Code
34104

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

Charles B Buckley V. Pres.

1/16/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME JACINTO TAVARES
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 370 COMMERCIAL BLVD
14 CITY-ST-ZIP NAPLES FL 34104

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 370 COMMERCIAL BLVD
24 CITY-ST-ZIP NAPLES FL 34104

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS 370 COMMERCIAL BLVD
34 CITY-ST-ZIP NAPLES FL 34104

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles B Buckley 1/16/97 941-643-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)