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95 APR 28 PM 3:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Norham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K50974

(0)

1. Corporation Name

COMPLETE PROPERTY SERVICES, INC.

Principal Place of Business 140 PINE AVENUE OLDSMAR FL 34677	Mailing Address 140 PINE AVENUE OLDSMAR FL 34677
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/13/1988		3a. Date of Last Report 04/11/1994	
4. FEI Number 59-2920497		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent KRUEGER, ANGELA 12534 BRONCO DRIVE TAMPA FL 33625		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, ANGELA	1.2 NAME	
STREET ADDRESS	12534 BRONCO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, RICHARD K.	2.2 NAME	
STREET ADDRESS	12534 BRONCO DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	GATTI, HANK	3.2 NAME	
STREET ADDRESS	322 LOS PRADOS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAFETY HARBOR FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	JEFFREY T. ALEXANDER
STREET ADDRESS		4.3 STREET ADDRESS	60 Spruce Ct.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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 affidavit.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY T. ALEXANDER

4/20/95

785-6720