## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90157 018 \*\*\*150.00

## 

DOCUMENT # M73626 1. Corporation Name SEMINOLE MAINTENANCE, INC.

Principal Place of Business 5120 COLLINS LANDING RD.

Mailing Address

200-A JOHN KNOX RD.

TALLAHASSEE FL 32310 TALLAHASSEE FL 32302 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/24/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-2880246 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Ziσ Zip Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOLFE, LARRY S. Street Address (P.O. Box Number is Not Acceptable) 200-A JOHN KNOX RD. TALLAHASSEE FL 32303 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 T/D F ☐ Change Addition FERRELL, ANN K. 1.2 NAME 5120 COLLINS LANDING RD. 1.3 STREET ADDRESS TALLAHASSEE FL 32310 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition

SIGNATURE 12. TITLE IAME STREET ADDRESS CITY-ST-ZIP TLE FERRELL, MAX T. VAME 22 NAME 5120 COLLINS LANDING RD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TILE ☐ DELETE 3.1 TITLE ☐ Change Addition AME 3.2 NAME TREET ADDRESS 3.3 STREET ADORESS ATY-ST-ZIP 3.4. CITY-ST-ZIP TLE ☐ DELETE 4.1 TITLE ☐ Change Addition AME 4. 2 NAME TREET ADDRES 4.3 STREET ADDRESS ITY-ST-ZIP 4.4 CITY-ST-ZIP ITLE ☐ DELETE 5.1 TITLE Change ☐ Addition AME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS ITY-ST-ZIP 5.4 CITY-ST-ZIP TLE DELETE 6.1 TITLE ☐ Change ☐ Addition ME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4. I 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, with all other like empowered.

MAX TIFEMEN 2-5-99
Date Date

CR2E034