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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P32316** (2)

1. Corporation Name

EASTERN MAINTENANCE AND SERVICES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 669
BENSON NC 27504

P.O. BOX 669
BENSON NC 27504

2. Principal Place of Business

2a. Mailing Address

21 **700 D East Parrish Dr.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Benson, NC**

28

24 Zip

25 Country

24 **27504**

25 **US**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REGISTERED CORPORATE AGENTS, INC,
612 S GREENWOOD AVE
CLEARWATER FL 34616**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME **ALDRIDGE, JR. J**
STREET ADDRESS **700 D EAST PARRISH DRIVE**
CITY - ST - ZIP **BENSON NC**

TITLE D ☒ DELETE

NAME **MULKEY, RAYMOND L, JR.**
STREET ADDRESS **P O BOX 669 N/A**
CITY - ST - ZIP **DUNN NC**

TITLE D ☒ DELETE

NAME **GODWIN, T.C., JR.**
STREET ADDRESS **P O BOX 1369 N/A**
CITY - ST - ZIP **DUNN NC**

TITLE S ☒ DELETE

NAME **MOHISER, JIMMY**
STREET ADDRESS **700 D EAST PARRISH DRIVE**
CITY - ST - ZIP **BENSON NC**

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 Vice President ☐ Change ☒ Add on

12 NAME **Shelia Creech**
13 STREET ADDRESS **700 D East Parrish Dr.**
14 CITY - ST - ZIP **Benson, NC 27504**

21 TITLE Secretary ☐ Change ☒ Add on

22 NAME **Michael Davidson**
23 STREET ADDRESS **700 D East Parrish Dr.**
24 CITY - ST - ZIP **Benson, NC 27504**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Aldridge, Jr.

919-894-7101

Daytime Phone #

CR2E034 (12/95)