

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38289** (5)
1. Corporation Name
MAINTENANCE CONTROL COMPANY

Principal Place of Business Mailing Address
48 SOUTH ROAD P. O. BOX 549 SOMERS CT 06071-0549

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 05/01/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1146180	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOOPER, DONALD R., II 2139 SORORITY COURT ORLANDO FL 32826		10. Name and Address of New Registered Agent	
		81 Name Donald R. Hooper II	
		82 Street Address (P.O. Box Number is Not Acceptable) Ponderosa Park, 1983 Boggy Creek Rd Lot R-19	
		83	
		84 City Kissimmee	85 Zip Code FL 34744

11. Pursuant to the provisions of Sections 607.02 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE Donald R. Hooper March 2, 1995
(Signature, typed name, title of registered agent and title of applicant) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, DONALD R.	1.2 NAME	
STREET ADDRESS	48 SOUTH RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERS CT	1.4 CITY- ST- ZIP	
TITLE	DVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, SONYA A.	2.2 NAME	
STREET ADDRESS	48 SOUTH RD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERS CT	2.4 CITY- ST- ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, ROBERT J., SR.	3.2 NAME	
STREET ADDRESS	48 SOUTH RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERS CT	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, DONALD R.	4.2 NAME	
STREET ADDRESS	48 SOUTH RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERS CT	4.4 CITY- ST- ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, SONYA A.	5.2 NAME	
STREET ADDRESS	48 SOUTH RD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	SOMERS CT	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE Sonya A. Coffman March 2, 1995 (203)-749-2223
(Signature and Title) (Date) (Telephone Number)