FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003496 (6)**

1. Corporation Name

JAX MAINTENANCE MANAGEMENT CORP.

Principal Place of Business	Mailing Address
~~1628 SAN MARCO BLVD.~~ ~~SUITE 9-C~~ ~~JACKSONVILLE FL 32207~~	~~1628 SAN MARCO BLVD.~~ ~~SUITE 9-C~~ ~~JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1930 San Marco Blvd	26 1930 San Marco Blvd -
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jax Fla	28 City & State: Jax Fla
24 Zip: 32207 25 Country: Duval	29 Zip: 32207 30 Country: Duval

4. FEI Number: 59-3156954 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRIFFIN, DANNY P ~~1628 SAN MARCO BLVD.~~ 1930 San Marco Blvd. ~~9-C~~ JACKSONVILLE FL 32207	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, DANNY P	12 NAME		
STREET ADDRESS	3802 IMERSON RD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32220	14 CITY-ST-ZIP		
TITLE	~~VP~~ VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	GRIFFIN, BETH	22 NAME	Beth Griffin	
STREET ADDRESS	3802 IMERSON RD.	23 STREET ADDRESS	10207 Plummer Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32220	24 CITY-ST-ZIP	Jax Fla. 32219	
TITLE	Tres.	31 TITLE	Tres.	☐ Change ☒ Addition
NAME	Robert Vanourney	32 NAME	Robert Vanburney	
STREET ADDRESS	8128 Cholo Trail	33 STREET ADDRESS	8128 Cholo Trail	
CITY-ST-ZIP	Jax Fla.	34 CITY-ST-ZIP	Jax. Fla. 32244	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: ~~Danny GRIFFIN~~ Danny GRIFFIN 5/1/95 904-398-9068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014000 CP