

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

FILED

Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P93000006978 (9)

1. Corporation Name

4.22.98  
N/C

C&S Maintenance Consultants, Inc.

Principal Place of Business

Mailing Address

1345 INDUSTRIAL PARK RD  
MULBERRY FL 33860  
US

1345 INDUSTRIAL PARK RD  
MULBERRY FL 33860  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1993

4. FEI Number

59-3167641

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAMARA, THOMAS P  
101 E. KENNEDY BLVD.  
SUITE 4100  
TAMPA FL FL336-2

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 Thomas P McNamara

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD  
NAME MADDY, WALTER L  
STREET ADDRESS 2103 JUNIPER CIR  
CITY-ST-ZIP PLANT CITY FL

DELETE

1.1 TITLE VD  
1.2 NAME maddy, Walter L  
1.3 STREET ADDRESS 2103 Juniper Circle  
1.4 CITY-ST-ZIP Plant City, FL

Change Addition

TITLE DP  
NAME BISTRUNK, THOMAS C  
STREET ADDRESS 2211 WEDGEWOOD CT  
CITY-ST-ZIP PLANT CITY FL

DELETE

2.1 TITLE ST  
2.2 NAME E RAE Solomon  
2.3 STREET ADDRESS 5129 Bonnybrook Dr E  
2.4 CITY-ST-ZIP Lake Land, FL

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 in an attachment with an address.

SIGNATURE E RAE Solomon E RAE Solomon 4/16/98 (641) 425-3188

CR2E034 (10/97)