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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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TITLE

NAME

TITLE

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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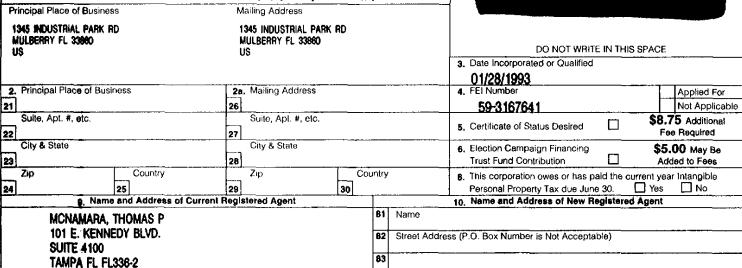
Cis Maintenance Consultant

Principal Place of Business

FILED Apr 27 1998 8:00am Secretary of State

Zip Code

Addition



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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE THOMAS P MCNAM ACA					4/16/98	
	Signature, typud or printed name of registered agent an	d title if applicable (NO)E	Registered Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES		S TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSTD	☐ DELETE	1.1 TITLE	VD	Change	Addition
NAME	MADDY, WALTER L		1.2 NAME	maddu, Walter L	4 .	
STREET ADDRESS	2103 JUNIPER CIR		1.3 STREET ADDRESS	2103 TUNI PER	Circle	
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY - ST - ZIP	PIANT CITY, FL		
TITLE	DP .	☐ DELETE	2.1 TITLE	ST	Change	Addition
NAME	SISTRUNK, THOMAS C		2.2 NAME		~ C	•
STREET ADDRESS	2211 WEDGEWOOD CT		2.3 STREET ADDRESS	E RAE SOLOMON 5129 BONNY DOOD	ド DL E	
CITY+ST-ZIP	PLANT CITY FL		2. 4 CITY - ST - ZiP	Lake land; FL		
TITLE		DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u></u>		
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 compression or menaceiver 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 chartised, or information with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

2006 Change

-04/27/98---01052---003

***150.00