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Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90005 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000006978

1. Corporation Name

C&S MAINTENANCE CONSULTANTS, INC.



Principal Place of Business  
1345 INDUSTRIAL PARK RD  
MULBERRY FL 33860  
US

Mailing Address  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE DP ☐ DELETE  
NAME SISTRUNK, THOMAS C  
STREET ADDRESS 2211 WEDGEWOOD CT.  
CITY-ST-ZIP PLANT CITY FL

TITLE ST ☐ DELETE  
NAME E RAE, SOLOMON  
STREET ADDRESS 5129 BONNY BROOK DR. E.  
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME MADDY, WALTER L  
1.3 STREET ADDRESS 3206 Midway Road  
1.4 CITY-ST-ZIP PLANT City, FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ST ☒ Change ☐ Addition  
3.2 NAME SOLOMON, E RAE  
3.3 STREET ADDRESS 5129 Bonnybrook Dr. E.  
3.4 CITY-ST-ZIP LAKE LAND, FL

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

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

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 (941) 425-3188  
Date Daytime Phone #