

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000010638 (3)

1. Corporation Name

NAHTOD MAINTENANCE SERVICES, INC.



Principal Place of Business

9213 LAZY LANE  
TAMPA FL 33614  
US

Mailing Address

P.O. BOX 273738  
TAMPA FL 33688  
US

3. Date Incorporated or Qualified  
02/11/1993

3a. Date of Last Report  
05/18/1995

2. Principal Place of Business

21 6408 W. LINEBOUGH AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Tampa, FL

24 Zip

33625

Country

US

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

31

4. FEI Number  
59-3166806

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

STANSELL, O B JR  
3750 GUNN HWY  
SUITE 1E  
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name MILLER, JOHN D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6408 W. LINEBOUGH AVE #110  
83  
84 City TAMPA FL 85 Zip Code 33625

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 the date of filing

(NOTE: Registered Agent's signature required when replacing)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MILLER, JOHN D.  
STREET ADDRESS 4303 HOLLOW HILL DR  
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PRES  
12 NAME MILLER, JOHN D.  
13 STREET ADDRESS 6408 W. LINEBOUGH AVE  
14 CITY-ST-ZIP TAMPA, FL 33625 ☐ Change ☐ Addition

2 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

4/29/96

813-265-3910

CR2E034 (12/95)