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 APR 19 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000050839 (8)**

1. Corporation Name
CAPITOL BUILDING MAINTENANCE, INC.

Principal Place of Business	Mailing Address
16008 DAVENPORT ROAD WINTER GARDEN FL 34787	16008 DAVENPORT ROAD WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1066 Chokecherry Dr.	26 1066 Chokecherry Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Winter Springs, FL	28 City & State: Winter Springs, FL
24 Zip: 32708 25 Country: USA	29 Zip: 32708 30 Country: USA

4. FEI Number: 59-3196930 ☐ 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

GOTTHARD, DARRELL W
16008 DAVENPORT ROAD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: Henry H. Ohnstad, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1066 Chokecherry Dr.
83
84 City: Winter Springs, FL 85 Zip Code: 32708

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] Henry H. Ohnstad, Jr. 4/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OHNSTAD, HENRY H JR.	1.2 NAME	
STREET ADDRESS	1066 CHOKECHERRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GOTTHARD, DARRELL W	2.2 NAME	
STREET ADDRESS	16008 DAVENPORT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 any attachment with an address.

SIGNATURE: [signature] Henry H. Ohnstad, Jr. 4/5/95 407-699-0600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

CR