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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000050839 (8)

Mailing Address

CAPITOL BUILDING MAINTENANCE, INC.

Principal Place of Business

1066 CHOKECHERRY DRIVE
WINTER SPRINGS FL 32708

1066 CHOKECHERRY DRIVE WINTER SPRINGS FL 32708 HS

US		US			
		00		Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 04/19/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			59-3196930	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Ce i indie di Status De si cu	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	8. This corporation has liability for int	
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re-	gistered Agent
			81 Name		
OHNST	AD, HENRY H. J		82 Street A	ddress (P.O. Box Number is Not Acceptable)
1066 Cł	HOKECHERRY DRIVE				
WINTER	SPRINGS FL 32708		83		
			101		85 Zip Code
			84 City		FL 85 Zip Code
11 Pursuant to	the provisions of Sections 607.056	12 and 607,1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the purpo loard of directors. Thereby accept the appior	ose of changing its registered office
SIGNATURE	n, and accept the obligations of, Security and accept the obligations of security and accept agents agent agents.		(NOTE Registered Agent signature re	pared where register in	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1 · TITLE		Change Addition
NAME	OHNSTAD, HENRY H JR.		1.2 NAME		
STREET ADDRESS	1066 CHOKECHERRY DRI	VE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 327	08	1.4 CITY ST-ZIP		
TIFLE	D	DELETE	2 1 TIFLE		Change Addition
NAME	GOTTHARD, DARRELL W		2 2 NAME		
STREET ADDRESS	16008 DAVENPORT ROAD)	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 3476		2.4.0HY+51+ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST - Z:P		
TITLE		☐ DELETE	4 + TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE	MA. CHARACTER TO THE TOTAL TO THE TOTAL TO	DELETE	5 1 TIFLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 City - S1 - ZiP		
TITLE		DELFTE	6 1 TIFLE		Crange Addition
NAME		. —	6.2 NAME		
STREET ADDRESS			63 STREET AUDRESS		
STREET MUUNCOO			6.4 C(TV - ST - 7/P		

14. Ido 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 in powered 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 attacking with an address.

SIGNATURE:

THE AMERICA OF PRINTED NAME OF SIGNING OFFICER OF DIRECTORY H. Ohnstad, Jr. 4/84/96

407-699-0600

CR2E034 (12/95)