May 10, 1999 8:00 am Secretary of State

05-10-1999 90107 022 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9300056140

1. Corporation Name S.V.P. MAINTENANCE & REPAIR INC.									
2.V.P. W	IAINTENANCE & REPAIR IN	<b>U</b> •				1 190 (103) (40 10:00 (1)));	ENICORNIC BANDI I	Industrial (1871)	NICH RAICHAR
Principal Place of Business Mailing Address						E 10041001 110 10160 15114 00111 01	1111 <b>48</b> 111 <b>1014</b> 1 1	OLLIN MYTHE KINIC I	51811 <b>6</b> 815 1881
9043 108TH AVENUE NORTH 9043 108TH AVENUE NORTH									
LARGO FL 33777 LARGO FL 33777						DO MOT MIDITE AL THIS SPACE			
US US						DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualifed 08/09/1993</li> </ol>			
Principal Place of Business     2a. Mailing Address						4. FEI Number			plied For
21	<del></del>					<u>59-3194015</u>			t Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A	
22 27									<u> </u>
City & State City & State						<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 Added t	
	Country	Zip	Country			8. This corporation owes the cur	rent vear Int		
24			30		1	Personal Property Tax.	, ,	Yes	□No
	9. Name and Address of Curren	<del></del>	<del></del>			10. Name and Address of New	Registered	Agent	
			81	Name					
PRATHER, STEPHEN F			82	Street	Addres	s (P.O. Box Number is Not Accept	able)		
9043 108TH AVENUE NORTH LARGO FL 34647									
LAN	30 FE 34047		83						· ·
			84	City			FL	85 Zip (	Code
44 Duranant	to the provisions of Sections 607.050	2 and 607 1509 Florida Statutos	the above	-named	cornors	ation submits this statement for the	nurnose of	changing its	registered
office or F	enistered agent or both in the State	of Florida. Such change was aut	horized by	the corpo	oration'	s board of directors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	legistered Agen	t signature r	required w	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	
TITLE	_		1.1 TITLE					Change	☐ Addition
NAME			1.2 NAME						
STREET ADDRESS			1.3 STREET	1.3 STREET ADDRESS					į
CITY-ST-ZIP			1.4 CITY-ST	T- ZIP					erro
TITLE	••		2.1 TITLE					☐ Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·		2.2 NAME			•			
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS		•			
CITY-ST-ZIP	LARGO FL 34647	·····	2. 4 CITY-S	T-ZIP		201		Change .	Cal Addition
TITLE		☐ DELETE	3.1 TITLE		260	RETARY		☐ Change	Addition
NAME			3.2 NAME		DAV	PRATHER 91 Grave N			
STREET ADDRESS	<b>!</b>			ADDRESS		9/ 6/00E	781		
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP	PIN	PK PL 33	101	☐ Change	☐ Addition
TITLE		C) DECETE	4,111CE						
NAME			4.2 STREET	LYDDEEG					
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP TITLE			5,1 TITLE	1-ZIP		·		Change	☐ Addition
	_		5.2 NAME		i				_
NAME STREET ADDRESS			5.3 STREET	ADDRESS					
STREET ADDRESS	ADDRESS.		5.4 CITY-ST						
TITLE			6.1 TITLE					Change	☐ Addition (
NAME	-	_ ,	6.2 NAME						ĺ
STREET ADDRESS			6.3 STREET	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

727 580 4938