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 # P93000078797 (6)

1. Corporation Name
BIRD MAINTENANCE, INC.

Principal Place of Business
225 N TENNESSEE AVE
LAKELAND FL 33801

Mailing Address
225 N TENNESSEE AVE
LAKELAND FL 33801

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-3216397 ☐ 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

2. Principal Place of Business
21: 321 N. Kentucky Av
Suite, Apt. #, etc.
22: #4
City & State
23: Lakeland, Fl
Zip 24: 33801 Country 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent
HILL, WALTER
225 N. TENNESSEE AVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent
81 Name: Hill, Walter
82 Street Address (P.O. Box Number is Not Acceptable): 321 N. Kentucky Av
83: Suite #4
84 City: Lakeland FL 85 Zip Code: 33801

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] Walter C. Hill — DATE 4/29/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	HILL, WALTER C.	
STREET ADDRESS	225 N. TENNESSEE AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VTD	☐ DELETE
NAME	HILL, F. S.	
STREET ADDRESS	1702 E. GARY RD #8	
CITY-ST-ZIP	LAKELAND 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☒ Change ☐ Addition
1.2 NAME	Hill, Walter C.	
1.3 STREET ADDRESS	321 N. Kentucky Av #4	
1.4 CITY-ST-ZIP	Lakeland, Fl 33801	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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] — Date 4/29/96 — Daytime Phone # 941 683 8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Walter C. Hill

CR2E034 (12/95)