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 28 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000544 (4)**

1. Corporation Name
MAINTENANCE SERVICES CORPORATION OF NAPLES

Principal Place of Business	Mailing Address
3550 14TH STREET NORTH NAPLES FL 33940	3550 14TH STREET NORTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1189 N. Alhambra C.
Suite, Apt. #, etc. 22: Naples Fl
City & State 23:
Zip 24: 33940 Country 25: USA

2a. Mailing Address
26: 1189 N. Alhambra C.
Suite, Apt. #, etc. 27:
City & State 28: Naples Fl
Zip 29: 33940 Country 30: USA

4. FEI Number: 65-0474741 ☐ 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

LEAR, JON
3550 14TH ST. NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Jon V. Lear
82 Street Address (P.O. Box Number is Not Acceptable): 1189 N. Alhambra Cir.
83:
84 City: Naples FL 85 Zip Code: 33940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V	☐ Change ☑ Addition
NAME	LEAR, JON	1.2 NAME		
STREET ADDRESS	3550 14 ST. NORTH	1.3 STREET ADDRESS	1189 N. alhambra Cir.	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	S	☐ Change ☑ Addition
NAME	LEAR, BEATA	2.2 NAME		
STREET ADDRESS	3550 14 ST. NORTH	2.3 STREET ADDRESS	1189 N. alhambra Cir.	
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	P	☐ Change ☐ Addition
NAME	FORRESTER, VICTOR	3.2 NAME		
STREET ADDRESS	1 SIX L'S FARM RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33961	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	T	☐ Change ☐ Addition
NAME	FORRESTER, MARY	4.2 NAME		
STREET ADDRESS	1 SIX L'S FARM RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33961	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 an attachment with an address.

SIGNATURE: Jon V. Lear — Jon V. Lear — 4-4-95 — 813-434-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05288 CP