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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:55

DOCUMENT # P94000017440 (6)

1. Corporation Name

FULL PHASE WATERPROOFING SERVICES, INC.

Principal Place of Business
5501 28TH STREET NORTH SUITE 44
ST PETERSBURG FL 33714

Mailing Address
5501 28TH STREET NORTH SUITE 44
ST PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 20 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: 59-3233554 ☐ 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

BODENBENDER, ERHICK
5501 28TH STREET NORTH SUITE 44
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE	P — [X] Change ☐ Addition
NAME	BODENBENDER, ERHICK V	12 NAME	Bodenbender Erhick V
STREET ADDRESS	5501 28TH STREET NORTH SUITE 44	13 STREET ADDRESS	5501 28th Street North Suite 44
CITY ST ZIP	ST PETERSBURG FL 33714	14 CITY ST ZIP	St.Petersburg FL 33714
TITLE	D	21 TITLE	V — [X] Change ☐ Addition
NAME	BODENBENDER, THOMUS A	22 NAME	Bodenbender Thomus A
STREET ADDRESS	5501 28TH STREET NORTH SUITE 44	23 STREET ADDRESS	5501 28th Street North Suite 44
CITY ST ZIP	ST PETERSBURG FL 33714	24 CITY ST ZIP	St.Petersburg FL 33714
TITLE		31 TITLE	T — ☐ Change [X] Addition
NAME		32 NAME	Maiello Anthony L
STREET ADDRESS		33 STREET ADDRESS	5501 28th Street North Suite 44
CITY ST ZIP		34 CITY ST ZIP	St.Petersburg FL 33714
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: X Anthony L. Maiello — TREASURER — 6-27-95 — (813)525-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY L. MAIELLO

0811D10 CR