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 # **P94000017440 (6)**

1. Corporation Name

FULL PHASE WATERPROOFING SERVICES, INC.

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

3. Date Incorporated or Qualified: **03/01/1994**

3a. Date of Last Report: **06/30/1995**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

State, Apt. #, etc. — 22 | State, Apt. #, etc. — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | 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 (Typed or printed name of person signing) (New Registered Agent's typed or printed name if appointed in this report) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BODENBENDER, ERHICK V		12 NAME	
STREET ADDRESS	5501 28TH STREET NORTH SUITE 44		13 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BODENBENDER, THOMUS A		22 NAME	
STREET ADDRESS	5501 28TH STREET NORTH, SUITE 44		23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MAIELLO, ANTHONY L		32 NAME	
STREET ADDRESS	5501 28TH STREET NORTH SUITE 44		33 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I (We) 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: Anthony L Maiello — 1-15-96 — (813)525-1980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)