

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000032983 (6)

MAINTENANCE SYSTEMS MANAGEMENT, INC.

FILED May 05 1998 8:00am Secretary of State

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KEVINIT LIVE W/20/08 (WIN)/68+59,

Principal Place of Business Mailing Address					i seasing) sea cant bible Said Bath dain baidd title 11010 tolor (6100 1111 1821)	
150 8 HWY 17	7-92		150 S HWY 17-92			
SUITE 1 DEBARY FL 3	2719		SUITE 1 DEBARY FL 32713			DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
						05/02/1994
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number Applied For
21		26	- · · · · - · · · · · · · · · · · · · ·			59-3252208 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9		City & State			Bection Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28		Country		
24	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30. Yes \(\square\) No
	9. Name and Address of Curr					10. Name and Address of New Registered Agent
LKI	Y, RENEE F			81	Nan	ıme
	S. HWY 17-92			82	Stra	reet Address (P.O. Box Number is Not Acceptable)
,	TE 1			02		COLUMNICSS (1.0. DON HOUNDER IN NOT NOCCEPTAINT)
	SARY FL 32713			83		
				84	City	y Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Flo	vida Statutes, the	abovi	e-nam	med corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obt	ate of Florida. Such cha	ange was author	ized by	y the c	corporation's board of directors. I hereby accept the appointment as registered
•	m parilikar with, and accept the ob-	igations or, Section 60	m.0505, Florida s	Statutes	5.	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable	(NOTE Regis	fered Age	aril signa	nature required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	1 1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE 1	1 TITLE		Change Addition
NAME	LILLY, RENEE F		1	2 NAME		
STREET ADDRESS	150 S. HWY 17-92 SUITE 1		1	.3 STREFT	ADDRES	FSS
CITY-ST-ZIP	<u>Qebary</u> fl			4 CITY - S	T-ZIP	
TITLE	D	□'	t t	.1 TITLE		L_ Change L_ Addition
NAME	ULLY, KEVIN J			2 NAME		
STREET ADDRESS	150 S. HWY 17-92 SUITE 1			3 STREET		
CITY-ST-ZIP	DEBARY FL			4 CITY-5	ST-ZIP	Change Addition
TITLE NAME				1 TITLE		Change L. Adunton
STREET ADDRESS				.2 NAME .3 STREET	LADODEC	500
				.3 STREET 4. CITY-S		·
CITY-ST-ZIP TITLE		П		4. UITE	31-21r	☐ Change ☐ Addition
NAME		<u>.</u>	,,,	2 NAME		
STREET ADDRESS				3 STREET	ADDRES	FSS
CITY-ST-ZIP			1	4 CHY-S		
TITLE				1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS			5.	3 STREET	ADDRES	ess
CITY-ST-ZIP			5.	4 CITY-S	aT- ZI P	
TITLE				1 TITLE		☐ Change ☐ Addition
NAME		\sim	6	2 NAME		
STREET ADDRESS		/ \	6	3 STREFT	ADDRES	FSS
CITY-ST-ZIP			6	4 CITY-S	1 - 7IP	
14. I hereby o	ertify that the information supplied	with this filing does no	ot qualify for the	exemp	tion st	stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an
officer or o	director of the corporation or the re	conter or trustee empo	owered to execu	te this	report	rt as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 (or Blo ck 13 if changed, or divan <u>at</u>	tachment with ar addr	ress.			