

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050219 (2)

1. Corporation Name

IMMESBERGER MAINTENANCE SERVICE, INC.

Principal Office - Business

**809 KRUEGER PARKWAY
STUART FL 34996**

Main Office

**809 KRUEGER PARKWAY
STUART FL 34996**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report

2. Free and Paid Filings

21

2a. Mailing Address

26

4. FEI Number

65-0508567

Applied For

Not Applicable

22. State Apt # etc.

22

27. State Apt # etc.

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

25

29

30

30

6. This corporation has liability for intangible tax under § 199, Fla. Stat., Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**IMMESBERGER, ANNE E
809 KRUEGER PARKWAY
STUART FL 34996**

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 607.0002 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 607.0005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **PVD**
NAME: **IMMESBERGER, JAMES E**
STREET ADDRESS: **809 KRUEGER PARKWAY**
CITY, ST, ZIP: **STUART FL 34996**

TITLE: **STD**
NAME: **IMMESBERGER, ANNE E**
STREET ADDRESS: **809 KRUEGER PARKWAY**
CITY, ST, ZIP: **STUART FL 34996**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME _____

13. STREET ADDRESS _____

14. CITY, ST, ZIP _____

21. TITLE Change Addition

22. NAME _____

23. STREET ADDRESS _____

24. CITY, ST, ZIP _____

31. TITLE Change Addition

32. NAME _____

33. STREET ADDRESS _____

34. CITY, ST, ZIP _____

41. TITLE Change Addition

42. NAME _____

43. STREET ADDRESS _____

44. CITY, ST, ZIP _____

51. TITLE Change Addition

52. NAME _____

53. STREET ADDRESS _____

54. CITY, ST, ZIP _____

61. TITLE Change Addition

62. NAME _____

63. STREET ADDRESS _____

64. CITY, ST, ZIP _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(2)(b), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Anne Immesberger Anne Immesberger 4/30/95 283-1114
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR