

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000051330 (6)**

1. Corporation Name
MIKE & RON MAINTENANCE, INC.



Principal Place of Business 2705 E. HANNA AVENUE SUITE F TAMPA FL 33610 US	Mailing Address 2705 E. HANNA AVENUE SUITE F TAMPA FL 33610-1461 US
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3. Date Incorporated or Qualified 07/07/1994	3a. Date of Last Report 07/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3262944	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOUSER, WILLIAM M
5318 PLUM AVENUE
SEFFNER FL 33584-4438**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	PD		PRESIDENT
STREET ADDRESS	HOUSER, WILLIAM M	1.3 STREET ADDRESS	WILLIAM M. HOUSER
CITY - ST - ZIP	5318 PLUM AVENUE	1.4 CITY - ST - ZIP	2705 E. HANNA AVE
	SEFFNER FL 33584-4438		TAMPA, FL 33610-1461
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
CITY - ST - ZIP			
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP			
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
CITY - ST - ZIP			
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP			
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0389063

CR2E034 (9/96)