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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400058709 (4)

## THOMAS DUGGAN MAINTENANCE SERVICE, INC.

## **FILED** Apr 08 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address	Mailing Address			T TO STATE OF THE PROPERTY OF THE STATE OF T		
12075 182ND RD N JUPITER FL 33478		12075 182ND RD N JUPITER FL 33478-2004						
					3. Date Incorporated or Qualified 08/09/1994	3a. Date of L 03/29/19		
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 65-05 16603	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	try	B. This corporation has liability for in	itangible tax un		
4	25 9. Name and Address of Curr		30		Florida Statutes (X)  10. Name and Address of New Rec	Yes No		
EA		on nogratored Agent		31 Name	10. Hanno and Address of How Hos	HATOLOG MACH		
	orbes, Philip H 392 properoty farms RD		Ĺ					
	E 227		82 Street		Address (P.O. Box Number is Not Acceptable)			
	L 227 LM BEACH GARDENS FL 3341(	)	Ţ	13				
				34 City		FL 85	Zip Code	
11 Duramani	t to the requisions of Sections 607.0	EO2 and EO7 1EO9 Florida Statute	as the ab	avo named cor	poration submits this statement for the p		ning its registers	
office or agent 1.			uthorized irida Statu	by the corpora les.	ation's board of directors. I hereby accep	t the appointme	int as registered	
12.	Signature, gased or printed name of registered a OFFICERS A	agent and tillo if applicable (NOTE AND DIRECTORS	Registered	Ageni signalure requ	aired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRE	CTORS IN 12	
THE	D	DELETE	1.17(1)	E	The state of the s	CH		
NAME	DUGGAN, THOMAS		1.2 NA	AE.				
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NAME PROPER AGODICON	DUGGAN, MARSHA 12075 182ND RD N		22 NAM					
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NAME			62 NAI	AE				
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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.