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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072631 (2)

ACTIVE BUILDING SERVICES, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1345 LONG ST 1345 LONG ST ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>10/04/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3270281 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAGNER, VICKIE C **1345 LONG ST** Street Address (P.O. Box Number is Not Acceptable) **B2** ORLANDO FL 32805 83 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. Fam 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE WAGNER, VICKIE C NAME 1.2 NAME CR2E034 3503 EDLAND DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32806 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition TRT1 F 21 TITLE Channe COLON, NICOLAS JR 2.2 NAME 6600 BEAMER WAY STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TOLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. I 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, by pp an attachment with an address.

SIGNATURE:

J. Mostr

SIGNATURE: