

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS



FILED
95 JUL -7 AM 3 45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000079450 (0)**
1. Corporation Name
CITY MAINTENANCE CORPORATION

Principal Place of Business
**700 SOUTH HWY. 17-92
LONGWOOD FL 32750**

Mailing Address
**PO BOX 521151
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report

4. FEL Number
59-3282469

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **21**

2a. Mailing Address
26 **P.O. Box 521151**

Suite, Apt. #, etc.
22 **22**

27 **27**

City & State
23 **23**

28 **Longwood, Florida**

Zip
24 **24**

25 **25**

Country
29 **29**

30 **30**

Country
30 **USA**

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

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 607.1908, 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 _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **LOUIS P. DIVITA**

STREET ADDRESS **17115 BAY ST.**

CITY - ST - ZIP **JUPITER FL 33477**

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

1.1 TITLE **S/T** Change Addition

1.2 NAME **Elena P. St. Laurent**

1.3 STREET ADDRESS **P.O. Box 521151**

1.4 CITY - ST - ZIP **Longwood, Florida 32752-1151**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis P. Divita, Director

6/21/95 (407)830-4490
Date City/State