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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000092164 (0)

PROFICIENT BUILDING MAINTENANCE, INC.

Principal Place of Business 200-A JOHN KNOX ROAD Mailing Address

200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-664:



IALLAMAS	SEE FL 323U3-6643	TALLAHASSEE FL 3	2303-6643							
			· a			3. Date Incorporated or Qu 12/21/1994	ialified	3a. Date		t Report 5/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number	~~		T	Applied For	
Suite, Apt. #	N ptr	26			65-0555981				Not Applicable	
22	r, bto.	Suite, Apt. #, etc.			5. Certificate of Status Des	ired		•	75 Additional	
City & State		City & State					<del></del> _		<del> </del>	e Required
23		28				Election Campaign Finar     Trust Fund Contribution	icing			.00 May Be
Zip	Country	Zip	Coul	nlrv		·	ilitu for ir			ded to Fees
24	25	29	30	,		8. This corporation has liab Florida Statutes	∏ Yes		x unaer	s 199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of			Agent	<del></del>
				81	Name			<u> </u>		
WOLF		82	Street Address	ss (P.O. Box Number is Not Ad						
	JOHN KNOX ROAD		62 Street Addi			ss (F.O. DOX NUMBER IS NOT AC	жөргарк	3)		
TALLA		83								
			}	84	City				85	Zip Code
44 Dura unat te	40.				•			FL	1 1	•
	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti			ve-na orpo	amed corporat oration's board	ion submits this statement for of directors. I hereby accept t	the purp he appoi	ose of cha intment as	nging it register	s registered office ed agent. I am
SIGNATURE	Signature, typed or pricted name of registered agent a	and the Lapphiable (NO	1E Registered a	Agent	signatura requirect v.	vhen reinstating)		DATE	·-·······	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES T	O OFFIC		DIRECT	IORS IN 12
TITLE	D	☐ DELETE	1. 1 7/1	lt E					) Chang	
NAME	WHIGHAM, GEORGE		1.2 NA	ME						
STREET ADDRESS	720 NW 141ST STREET		1.3 STF	REE1 A	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33168		14 CIT	Y-\$1	· ZIP					
TITLE		[] DELETE	2 1 Tis	ΓE					] Change	e 🔲 Addition
NAME			2.2 NAJ	ME	ĺ					
STREET ADDRESS			23 \$18	REE1 A	ADDRESS					
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NAME		C) percit	3 1717					. $\square$	] Change	Addition
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CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	3.4 CIT		-ZIP					
NAME			4. 1 JIII					L	) Change	Addition
STREET ADDRESS					.DDRESS					
CITY-ST-ZIP			4.3 STR		f					
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NAME		2.3	5.2 NAN					L	] Change	Addition
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NAME			6.2 NAN					L.J	onange	C Variation
STREET ADDRESS			6.3 STR		DORESS I					ļ
DITY-ST-ZIP			6 4 CITY		1					Ì
14 Lda baraba			0 1 015		** 1					

1. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 5

SIGNATURE AND TYPED ON PRINTING NAME OF SIGNING

GUORSU NG OFFICER OR DIRECTOR Whigham

5/31/96

305/944-6549