
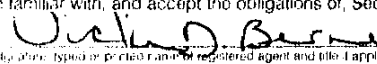



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000092499 (0)					
1. Corporation Name BUILDING MAINTENANCE SERVICES, INC.					
Principal Place of Business 1261 WEST KING STREET COCOA FL 32922			Mailing Address 1261 WEST KING STREET COCOA FL 32922-8685		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1995	
21		26		3a. Date of Last Report 06/14/1996	
22		27		4. FEI Number 59-3285300	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TODD, LORRAINE B 1261 WEST KING STREET COCOA FL 32922			10. Name and Address of New Registered Agent		
			81 Name Berney, Vicki D.		
			82 Street Address (P.O. Box Number is Not Acceptable) 6366 Brack St.		
			83		
			84 City Cocoa FL 85 Zip Code 32927		
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 			Vicki D. Berney, President 01/17/97		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PD BERNEY, VICKI D			NAME PSD Berney, Vicki D		
STREET ADDRESS 6366 BRACK STREET COCOA FL 32927			STREET ADDRESS 6366 BRACK ST COCOA, FL 32927		
CITY- ST- ZIP			CITY- ST- ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VPD BERNEY, FRED R			NAME VPTD Berney, Fred R		
STREET ADDRESS 6366 BRACK STREET COCOA FL 32927			STREET ADDRESS 6366 Brack St Cocoa, FL 32927		
CITY- ST- ZIP			CITY- ST- ZIP		
3.1 TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ST TODD, LORRAINE B			NAME		
STREET ADDRESS 6366 BRACK STREET COCOA FL 32927			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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:  Vicki D. Berney 01/17/97 407/632-3465					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)