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 #

P95000025279 (7)

D AND S MAINTENANCE INC.

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Principal Place of Business Mailing Address						1 seminen tif stift Stift Gilli Garif All	ri mætir dæted riddt Mist	0 11011 10010 1011 1001	
P.O. BOX 100216 PALM BAY FL 32910-0216		P.O. BOX 100216 PALM BAY FL 32910-0216							
						3. Date Incorporated or Qualified 03/27/1995	3a. Date of Las	t Report	
2. Principal Pla	2. Principal Place of Business		2a. Mailing Address			4. FEI Number	`` <u> </u>	Applied For	
21		26			59-3301704 Not Applicable				
22			Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State	26			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible tax unde	rs 199.032,	
24	25	29	30	L		Florida Statutes			
	9. Name and Address of Cu	rrent Registered Agent		81		10. Name and Address of New R	egistered Agent	···································	
COMMETT DADOCH					Name				
GRIMMETT, DARRELL 1398 VAN DYKE AVENUE SE				82	Street Add	ess (P.O. Box Number is Not Acceptable)			
PALM BAY FL 32909			83						
PALMI	DAT PL SZBUB			83					
				84	City		FL	Zip Code	
i or registen	o the provisions of Sections 607.0 ed agent, or both, in the State of I h, and accept the obligations of, S	Horida, Silien enanne was	authorized by	above-r the corp	named corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing it pintment as register	ts registered office red agent. I am	
SIGNATURE	it, and accept the obligations of	3000001 001:0000, 11010a	olaloles.						
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE Reg	stered Agen	t signature require	id when reinstating'	DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	0	DEL DEL	ETE	1. 1 TITLE			☐ Chang	ge 🔲 Addition	
NAME	GRIMMETT, DARRELL		ľ	1.2 NAME					
STREET ADDRESS	1398 VAN DYKE AVENUE SE			1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BAY FL 32909			1.4 CITY - S	T-ZIP				
TITLE		☐ DEL	ETE	2 1 TITLE			Chang	ge 🔲 Addition	
NAME				2 2 NAME					
STREET ADDRESS	DDRESS		2 3 STREET ADDRESS						
CHTY - ST - ZIP				24 CiTY - S	T-ZIP				
TITLE		☐ DEL	TE	3 1 TITLE	-		. Chang	e Addition	

14. CITY-S1-2IP

14. Ido hereby cert fy 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 18 if changed or op an attachment with an address.

32 NAME

4.1 TITLE

4.2 NAME

5. 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

3.3. STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

C:TY-ST-Z/P

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DELETE

DELETE

☐ DELETE

DARRELL GRIMME ++

1/22/96 (407) 768-0

Change

Change

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Addition

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