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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000042637 (5)

TURN KEY MAINTENANCE AND CONSTRUCTION CORP.

Principal Place of Business Mailing Address 8025 COUNTY RD. #640 PO BOX 1432 MULBERRY FL 33000-1432 MULBERRY FL 33860 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1995 08/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0587092 26 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees • ZID Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EASON, BETTY J MARK F. DAHLE 6310 SNOW RD. 82 Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33811** 5150 South Florida Avenue 63 Suite C-23 84 Lakeland and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered folida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ions of Section 202, 0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga-<u>Mark F. Dahle</u> n reinstating) (96/6)RECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND 13. DELETE THEF 1.1 TITLE Change Addition President EASON, BETTY J NAME 1.2 NAME James P. McHale 6310 SNOW RD. STREET ADDRESS 1.3 STREET ADDRESS 6025 County Road #640 Mulberry, Florida 33860 Change LAKELAND FL 33811 1.4 CITY-ST-ZIP CHY-SI-Z6 DELETE Addition 2.1 TITLE TILLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition HH 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAM² 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 70P TITLE DELETE ___ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP THLE □ DELETE 6.1 TITLE ☐ Change Addition

SIGNATURE:

NAM:

STREET ADDRESS

COY-SI-ZIP

Rijames 4/7/97

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

941-428-1378

FILED

May 16 1997 8:00am

Secretary of State