

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000177 (1)

1. Corporation Name

COMPLETE PROPERTY SERVICES PURCHASING COMPANY, I  
NC.

Principal Place of Business

140 PINE AVE  
OLDSMAR FL 34677

Mailing Address

140 PINE AVE  
OLDSMAR FL 34677



3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEGER, ANGELA  
140 PINE AVE  
OLDSMAR FL 34677

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Richard K. Krueger  
1.3 STREET ADDRESS 12534 Bronco Drive  
1.4 CITY - ST - ZIP Tampa, FL 33625

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE EVP/D ☐ Change ☒ Addition  
2.2 NAME Hank Gatti  
2.3 STREET ADDRESS 6444 Summerfield Loop  
2.4 CITY - ST - ZIP New Port Richey, FL 34655

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE VP/D ☐ Change ☒ Addition  
3.2 NAME Jeffrey T. Alexander  
3.3 STREET ADDRESS 60 Spruce Court  
3.4 CITY - ST - ZIP Oldsmar, FL 34677

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE S/T/D ☐ Change ☒ Addition  
4.2 NAME Angela Krueger  
4.3 STREET ADDRESS 12534 Bronco Drive  
4.4 CITY - ST - ZIP Tampa, FL 33625

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Kevin Valentich  
5.3 STREET ADDRESS 3911 Wimbledon Drive  
5.4 CITY - ST - ZIP Lake Mary, FL 32746

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on an attachment with an address

SIGNATURE: Angela Krueger Angela Krueger

(813)854-4201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)