


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90002 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004986**

1. Corporation Name

MAUERMANN'S HOME SERVICES, INC.



Principal Place of Business
**6609 MASSACHUSETTS DRIVE
LANTANA FL 33462**

Mailing Address
**6609 MASSACHUSETTS DRIVE
LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0638439

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MAUERMANN, ROGER
6609 MASSACHUSETTS DRIVE
LANTANA FL 33462**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **D MAUERMANN, ROGER**
STREET ADDRESS **6609 MASSACHUSETTS DR.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ DELETE
NAME **D MAUERMANN, DEBRA**
STREET ADDRESS **6609 MASSACHUSETTS DR.**
CITY-ST-ZIP **LANTANA FL 33462**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Director**
3.3 STREET ADDRESS **John W. Mauermann**
3.4 CITY-ST-ZIP **53-A Nelson Terrace**
North Providence, RI 02904

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information furnished is true and correct to the best of my knowledge and belief.

I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath; that I am qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE

ROGER MAUERMANN PRES

Date

7/7/99

Daytime Phone #

CR2E034 (5/99)