

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90212 036 ***150.00

DOCUMENT # P96000010035

1. Corporation Name
CUSTOM MAINTENANCE, INC.

Principal Place of Business
6120-10 POWERS AVENUE STE 102
JACKSONVILLE FL 32217

Mailing Address
6120-10 POWERS AVENUE STE 102
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

59-3364199

Applied For

Not Applicable

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 owes the current year intangible
Personal Property Tax. ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWALT, JOAN
4765 LYNBROOK DRIVE
JACKSONVILLE FL 32207

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

Joan Greenwalt Secretary *Joan Greenwalt* 4-20-99

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 PSTD ☐ DELETE
NAME GREENWALT, JOAN
STREET ADDRESS 4765 LYNBROOK DR
CITY-ST-ZIP JAX FL 32207

1.1 TITLE S/T/D ☒ Change ☐ Addition
1.2 NAME Greenwalt, Joan
1.3 STREET ADDRESS 4765 Lynbrook DR
1.4 CITY-ST-ZIP Jax FL 32207

TITLE CD ☐ DELETE
NAME GREENWALT, JAMES
STREET ADDRESS 4765 LYNBROOK DR
CITY-ST-ZIP JAX FL 32207

2.1 TITLE P/D/V ☒ Change ☐ Addition
2.2 NAME James Greenwalt
2.3 STREET ADDRESS 4765 Lynbrook DR
2.4 CITY-ST-ZIP JAX FL 32207

TITLE VD ☐ DELETE
NAME GREENWALT, JENNY
STREET ADDRESS 4765 LYNBROOK DR
CITY-ST-ZIP JAX FL 32207

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME Jenny Greenwalt
3.3 STREET ADDRESS 4765 Lynbrook DR
3.4 CITY-ST-ZIP JAX FL 32207

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE

Joan Greenwalt Secretary

Date

4-20-99

Daytime Phone #

904-739-1928

CR2E034 (11/98)

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