

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

FILED
Jul 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000050689 (4)

1. Corporation Name

ALLBRITE BUILDING SERVICES OF CENTRAL FLORIDA, I
NC.

Principal Place of Business

4807 WARRIOR LANE
KISSIMMEE FL 34746
US

Mailing Address

P.O. BOX 690955
ORLANDO FL 32869
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

59-3407130

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4940 LAKE CECILE DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Kissimmee

27 City & State

28

24 Zip

FL 34746

Country

25 U.S.A.

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOLEY, R. EDWARD
1450 BR 434 WEST, SUITE 200
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

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

R. Edward Cooley

5/26/98

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

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

1225 BENNETT DR., SUITE 102

CITY-ST-ZIP

LONGWOOD FL 32750

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

4940 LAKE CECILE DRIVE

CITY-ST-ZIP

KISSIMMEE, FL 34746

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

1225 BENNETT DR., SUITE 102

CITY-ST-ZIP

LONGWOOD FL 32750

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

4940 LAKE CECILE DRIVE

CITY-ST-ZIP

KISSIMMEE, FL 34746

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

1225 BENNETT DR., SUITE 102

CITY-ST-ZIP

LONGWOOD FL 32750

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

4940 LAKE CECILE DRIVE

CITY-ST-ZIP

KISSIMMEE, FL 34746

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

1225 BENNETT DR., SUITE 102

CITY-ST-ZIP

LONGWOOD FL 32750

TITLE

PSTD

NAME

WELSMAN, DAVID

STREET ADDRESS

4940 LAKE CECILE DRIVE

CITY-ST-ZIP

KISSIMMEE, FL 34746

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSTD

1.2 NAME

WELSMAN, DAVID

1.3 STREET ADDRESS

P.O. BOX 690955

1.4 CITY-ST-ZIP

ORLANDO, FL 32869

2.1 TITLE

PSTD

2.2 NAME

WELSMAN, DAVID

2.3 STREET ADDRESS

4940 LAKE CECILE DRIVE

2.4 CITY-ST-ZIP

KISSIMMEE, FL 34746

3.1 TITLE

PSTD

3.2 NAME

WELSMAN, DAVID

3.3 STREET ADDRESS

4940 LAKE CECILE DRIVE

3.4 CITY-ST-ZIP

KISSIMMEE, FL 34746

4.1 TITLE

PSTD

4.2 NAME

WELSMAN, DAVID

4.3 STREET ADDRESS

4940 LAKE CECILE DRIVE

4.4 CITY-ST-ZIP

KISSIMMEE, FL 34746

5.1 TITLE

PSTD

5.2 NAME

WELSMAN, DAVID

5.3 STREET ADDRESS

4940 LAKE CECILE DRIVE

5.4 CITY-ST-ZIP

KISSIMMEE, FL 34746

6.1 TITLE

PSTD

6.2 NAME

WELSMAN, DAVID

6.3 STREET ADDRESS

4940 LAKE CECILE DRIVE

6.4 CITY-ST-ZIP

KISSIMMEE, FL 34746

700002586897

-07/13/98--01096--003

***150.00

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 in an attachment with an address.

SIGNATURE *

David J. Welsman

DAVID J. WELSMAN

4/21/98

(407) 3900210

CR2E034 (10/97)