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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2a. Mailing Address

1999 DOCUMENT # P96000052404

Corporation Name

2. Principal Place of Business

M & W MAINTENANCE, INC.

	:	
Principal Place of Business		Mailing Address
2810 PARKWAY ST. LAKELAND FL 33811		P.O. BOX 7489 LAKELAND FL 33807-7489 US

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90091 026 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

06/13/1996 4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scartificate of Status Desired \$8.75 Additional Fee Required as Fee Requi	21 392	19 Holden Koad	26			59-3389341	Not	Applicable		
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S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name	᠗ᢅᡱᢃᠺ	ال الم	⊢ , `	_ `	•	·	Yes	X No		
KNAPP, STEPHEN M 5417 S. FLORIDA AVENUE LAKELAND FL 33813 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 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 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 spent of printing and agent and of the flapplicable. SIGNATURE SIGNATURE Signature typed or printed name of registered agent and of the flapplicable. ITILE DELETE 1.1 ITILE ALBRITTONN, WAYNE T 1.2 NAME ALBRITTONN, WAYNE T 1.3 STREET ADDRESS P.O. BOX 644 N/A 1.4 City FL 85 Zip Code 1.4 City FL 85 Zip Code 1.5 ITILE BIRTHADORESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIREC	24 000	9. Name and Address of Curren		130						
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SIGNATURE The contract of the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the corporation submits this statement for the purpose of changing its 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, bysed or printed name of registered agent, bysed or printed name of registered agent and title if applicable. SIGNATURE	KNA	IPP, STEPHEN M		-	<u> </u>					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its 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.	•			82	Street Address (P.O. Box Number is Not Acceptable)					
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 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	LAKI	ELAND FL 33813		83	••			-		
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 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										
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4. 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 or 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

SIGNATURE REQUIRED Norman M. Alderman VP 4-27-99 (941) 709-0053

(08/1 L) #501174