

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90091 026 \*\*\*150.00

DOCUMENT # P96000052404

1. Corporation Name

M & W MAINTENANCE, INC.

Principal Place of Business

2810 PARKWAY ST.  
LAKELAND FL 33811

Mailing Address

P.O. BOX 7489  
LAKELAND FL 33807-7489  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

59-3389341

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 3929 Holden Road

26 Suite, Apt. #, etc.

22 City & State

23 Lakeland, FL

24 Zip 33811 25 Country

27 City & State

28

29 Zip 30 Country

9. Name and Address of Current Registered Agent

KNAPP, STEPHEN M  
5417 S. FLORIDA AVENUE  
LAKELAND FL 33813

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

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  
NAME D  
STREET ADDRESS ALBRITTON, WAYNE T  
CITY-ST-ZIP P.O. BOX 664 N/A  
HIGHLAND CITY FL 33846 ☐ DELETE

TITLE  
NAME D  
STREET ADDRESS ALDERMAN, NORMAN M  
CITY-ST-ZIP P.O. BOX 664 N/A  
HIGHLAND CITY FL 33846 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Albritton, Wayne T.  
1.3 STREET ADDRESS P.O. Box 7489  
1.4 CITY-ST-ZIP Lakeland, FL 33807

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME P.O. Box 7489  
2.3 STREET ADDRESS Lakeland, FL 33807  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)