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

DOCUMENT # P96000063883

1. Corporation Name

TOTAL GROUND MAINTENANCE, INC.

Principal Place of Business

Mailing Address

4528 COMMANDER DRIVE APT 2013 ORLANDO FL 32822

POST OFFICE BOX 533480 ORLANDO FL 32853-3480

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90270 048 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

07/29/1996

				1 55111			
Principal Place of Business 2a. Mailing Address				4. FEI Number		pplied For	
1 3/30 CARISUDO CT. 26				59-3404811		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	7	Additional equired	
City & State	City & State			6. Election Campaign Financing	\$5,00	May Be	
3 ORLANDO, FL 28				Trust Fund Contribution		to Fees	
Zip Country	Zip	Country		8. This corporation owes the current	l year intangible		
4 32812 25 ORANGE	29 30	<u></u>		Personal Property Tax.	X Yes	□No	
9. Name and Address of Curr		-		10. Name and Address of New Reg	istered Agent		
		81	Name				
SELIGSON, ROBERT S							
3130 CARISUDO CT ORLANDO FL 32812			82 Street Address (P.O. Box Number is Not Acceptable) 83				
		84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508. Florida Statutes.	the abov	e-named corpo	oration submits this statement for the pu	rpose of changing it	s registered	
office or registered agent, or both, in the Statagent. I am familiar with, and accept the obligation	te of Florida. Such change was autr	nonzea by	tne corporatio	n's board of directors. I hereby accept the	ne appointment as re	egistered	
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable (NOTE: Re	egistered Age	nt signature required	ymen reinstating)	DATE		
12. OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE D	☐ DELETE	1.1 T/TLE			Change	☐ Addition	
NAME SELIGSON, ROBERT S		1.2 NAME					
STREET ADDRESS 3130 CARISUDO CT		1.3 STREE	T ADDRESS				
CITY-ST-ZIP ORLANDO FL 32812		1.4 CITY-S	T-ZIP				
TITLE	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME		2.2 NAME					
STREET ADDRESS		23 STREE	TADDRESS				
		2. 4 CITY-5	ĭ				
CITY-ST-ZIP	DELETE	3.1 TITLE			Change	☐ Addition	
		3.2 NAME			-		
NAME			TADORESS				
STREET ADDRESS							
CITY-ST-ZIP	☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		[] Change	Addition	
TITLE	C) DELETE						
NAME		4. 2 NAME					
STREET ADORESS			TADDRESS				
CITY-ST-ZIP		4.4 CITY-S	T-ZIP		Change	· . □ Addition	
TITLE	☐ DELETE	5.1 TITLE			Criarige	Addition	
NAME		5.2 NAME				1.100	
STREET ADDRESS			TADDRESS		•••		
CNY-ST-ZIP		5.4 CITY-S	T-ZIP				
TITLE	☐ DELETE	6.1 TITLE			Change	Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	TADORESS				
		64 CITY-S	T-ZIP				
CITY-ST-ZIP	with this filing does not qualify for th			Section 119 07(3)(i) Florida Statutes, Lfs.	urther 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: