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 # P97000010147

BUILDING & MAINTENANCE ASSOCIATES, INC.

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90090 039 ***150.00

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Principal Place	e of Business	Mailing Address				, 10011021				
1313 WEST AD/	AMS STREET	1313 WEST ADAMS STREET	ī .							
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204						DO NOT WRITE IN THIS SPACE				
						3. Date Incorpo				
						01/28/199				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21 /3//	12 Adams St		ldar	หร		59-342607	77		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of			\$8.75 A	
22		27				5. Certificate of	Status Desired		Fee Red	quired
City & Stat	e	City & State				6. Election Can			\$5:00	- 2
23		28				Trust Fund C			Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corpora		irrent year In		□No
24	25	1	30			Personal Pro		Registered		
	9. Name and Address of Current	Registered Agent		81 Name	, ,			registered		
WAT	Terson, Gerald E				WA	TTERSON	UGER	ALD	<u>t</u>	
	WEST ADAMS STREET			82 Street	Addre	ss (P.O. Box Num	ber is Not Accer	otable)		
	(SONVILLE FL 32204			83	/ 5 /	Q WI	TOWALS		··-	
57.51										
				84 City	4.	~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		FL	85 Zip C	ode nu
44 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es, the al	pove-named	Loomo	CKJONUZ ration submits this	ctatement for th	e nurnose of	changing its	registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the cort	oration	n's board of directo	ors. I hereby acc	ept the appo	intment as reg	jistered
SIGNATURE	-24 E	watte	GE	rald	EL	NA4461	2 5 G/V		<u>2/99</u>	
	Signature, typed or printed name of registered agen OFFICERS AN		Registered	Agent signature	required v	when reinstating)	CHANGES TO C	DEFICERS A	ND DIRECTO	RS IN 12
12.	D OFFICERS AN	DELETE	1.1 111	LE	Τ	ADDITIONS	SIANOED IO	or rocks ru	4 Change	Addition
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I SIKEEI AUURESS	District Control			TY-ST-7IP	1	•				

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: