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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011262 (7)

BUD'S MAINTENANCE OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
22175 CALDERA AVENUE	22175 CALDERA AVENUE

FILED Jan 21 1998 8:00am Secretary of State



BOCA RATON FL 33428 **BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0732113 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 7 Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zìp 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ED BUSH & ASSOCIATES, P.A. 14850 N.W. 44TH COURT Street Address (P.O. Box Number is Not Acceptable) SUITE 146, OPA LOCKA AIRPORT 83 MIAMI FL 33504 City BOCA Zip Code 334-28 Raton 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 hits, and accept the obligations of, Section 607.0505, Florida Statutes. 10-98 SIGNATURE name of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1,1 TITLE Change Addition BECK, ROBERT L NAME 1.2 NAME 22175 CALDERA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** CITY - ST - ZIP 1.4 CITY - ST - 7IP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ___ Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 co-gradien 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 phanged, br on an attachment with an address.

SIGNATURE:

REQUIRED

561-488-5832 1-10-98

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