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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

____<u>19</u>98

DOCUMENT #

P97000016801 (7)

1. Corporation	R BUILDING MAINT	ENANCE, INC.	. (•)						
Principal Plac	ce of Business	Mailing Addre	oss				- 1 49017067 1417 19414 49414 40414 40414 98444 484704		
101 SOUTHHALL LANE 101 SOUTHHALL LANE									
SUITE 400		SUITE 400	SUITE 400				DO NOT WANTE IN THIS SPACE		
MAITLAND F	L 32751	MAITLAND F	L 32751				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	· · · · · · · · · · · · · · · · · · ·
							02/21/1997		
2. Principal P	Place of Business	2a. Mailing Ad	ddress				4. FEI Number	Ap	oplied For
21		26					52-2024395	No.	ot Applicable
Sulte, Apt.	#, etc.	F1	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & Stat	le	27 City & Sta	City & State				6. Election Campaign Financing		
23		├ ─┐	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip			Country		8. This corporation owes or has paid the	current year Int	angible
24	25	29	. - 				Personal Property Tax due June 30.] No
		s of Current Registered Ager	nt				10. Name and Address of New Registers	ed Agent	
	ARDNER, HOWARD			81	Name				
	1 SOUTHHALL LANE			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 400									
M/	ATTLAND FL 32751			83 84					
					City		F	85 Zip (Code
11. Pursuant office or r agent. I a SIGNATURE		-					ration submits this statement for the purpose in's board of directors. I hereby accept the a	of changing its appointment as	s registered registered
12.		Trogistered agent and title if applicable TIÇEHS AND DIRECTORS	(NOIF:	Registered Age	nt signature	e required	when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 TITLE		Ne	P6 (7)2-	Change	Addition
NAME	GARDNER, HOWAR	D		1.2 NAME		100	W M. DODLOY SWITHING CHS, 400 TTLAND, TE. 32751	•	
STREET ADORESS	101 SOUTHHALL L			1.3 STREET	ADDRESS	100	Satruce Con 5, 400		
CITY-ST-ZIP	MAITLAND FL 3275	1		1.4 CITY - S	1 - ZIP	MA	ATTAKA, FE. 32751		
TITLE			DELETE	2.1 TITLE				Change	☐ Addition
NAME				2.2 NAME		1			
STREET ADDRESS				2.3 STREET	address				
CITY-ST-ZIP	<u> </u>		5.F1.F5.6	2. 4 CITY - S	T - ZIP	<u> </u>		 _	
TITLE		LJ	DELETE	3.1 TITLE				Change	Addition Addition
NAME OTOGET ADDRESS				3.2 NAME	100056A	ĺ			
STREET ADDRESS				3.3 STREET		\			
CITY-ST-ZIP TITLE	-		DELETE	3.4. CITY - S 4.1 TITLE	1 - ZIP	 		Change	Addition
NAME		_		4. 2 NAME		Í		e.m.ngo	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY - ST					
TITLE			DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS	1			
CITY-ST-ZIP				5.4 CITY - ST	r-ZIP	ļ			
TITLE			DELETE	6.1 TITLE]		Change	☐ Addition
NAME				6.2 NAME	,	Ì			
STREET ADDRESS				6.3 STREET	ADDRESS				
DITY OF TID				TO A CITY OF	* ***	i			

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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chart 21, or on an attachment with an address.

CIGNIATUDE.

JOHN M. DSXO

122/18

407-660-6611

FILED

May 01 1998 8:00am

Secretary of State