

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  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90017 041 \*\*\*150.00

DOCUMENT # P97000102409

1. Corporation Name  
ALL PRO MAINTENANCE SUPPLY, INC.

Principal Place of Business  
245 S W 32ND TERRACE  
CAPE CORAL FL 33914  
US

Mailing Address  
245 S W 32ND TERRACE  
CAPE CORAL FL 33914  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

65-0796615

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

21 925 Country Club Blvd #1

Suite, Apt. #, etc.

22 CAPE CORAL, FL

City & State

23 33990 USA

Zip

Country

24

25

2a. Mailing Address

26 915 SE 21st Terr.

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL FL

Zip

Country

29 33990

30

USA

9. Name and Address of Current Registered Agent

BLENKUSH, EUGENE  
245 S W 32ND TERRACE  
CAPE CORAL FL 33914

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 P ☐ DELETE

NAME BLENKUSH, EUGENE  
STREET ADDRESS 245 S W 32ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE T ☐ DELETE

NAME BLENKUSH, JOAN  
STREET ADDRESS 245 S W 32ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VP ☐ DELETE

NAME HECK, SHERYL  
STREET ADDRESS 245 S W 32ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE S ☐ DELETE

NAME VOLKERT, KELLY  
STREET ADDRESS 4908 PELICAN BLVD  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME EUGENE Blenkush  
1.3 STREET ADDRESS 915 SE 21ST Terr.  
1.4 CITY-ST-ZIP CAPE CORAL, FL 33990

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME Blenkush, Joan  
2.3 STREET ADDRESS 915 SE 21st Terr.  
2.4 CITY-ST-ZIP CAPE CORAL, FL 33990

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME HECK, Sheryl  
3.3 STREET ADDRESS 915 SE 21st Terr.  
3.4 CITY-ST-ZIP CAPE CORAL, FL 33990

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME VOLKERT, KELLY  
4.3 STREET ADDRESS 915 SE 21ST Terr.  
4.4 CITY-ST-ZIP CAPE CORAL, FL 33990

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:

Eugene Blenkush

Date

Daytime Phone #

4-12-99

941-574-2102

CR2E034 (11/98)

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