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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1998

DOCUMENT #

DIVISION OF CORPORATIONS

OCUMENT # Corporation Name	P97000108513 (7)	
ANNCO MAINTENAN	NCE, INC.	
•		
cipal Place of Business	Mading Address	

Prir 12265 N STATE RD 7 12265 N STATE RD 7 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1997 -08/2/65 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zin Country Zio 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANNIS, TEDD R 12265 N STATE RD 7 Street Address (P.O. Box Number is Not Acceptable) 82 BOYNTON BEACH FL 33437 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ANNIS, TEDD R 1.2 NAME 12265 N STATE RD 7 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** 1.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETÉ 4.1 TITLE Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with the fifing 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 suppliemental 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 of the ecciver of trusted impowered 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.

FILED

Jun 12 1998 8:00am

Secretary of State