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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022706 1. Corporation Name

Principal Place of Business

WAYNE'S GUEST ROOM MAINTENANCE, INC.

10853 WILLIAM & MARY CT ORLANDO FL 32831-8730		10853 WILLIAM & MARY CT ORLANDO FL 32831-8730			DO NOT WRITE IN THIS SPACE
			•		3. Date Incorporated or Qualifed 03/09/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3499182 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		_	Trust Fund Contribution Added to Fees
Zip Country		Zip	Zip Country		This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
			8	1 Nam	me
DAVIS, WAYNE J 10853 WILLIAM & MARY CT		,	. 83		eet Address (P.O. Box Number is Not Acceptable)
	ANDO FL 32831-8730		8	3	
			8	4 City	y FL 85 Zip Code
					ned corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	s authorized b Florida Statute	y the co	orporation's goard of directors. Thereby accept the appointment as registered
	Signature, typed or printed name of registered age			ent signatu	ture required when reinstating) DATE DATE
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/T Change Addition
TITLE		☐ DELETE	1.1 TITLE		1-/-
NAME			1.2 NAM		Wayne J. Davis
STREET ADDRESS			1.3 STRE	ET ADDRE	1005 William a naily co.
CITY-ST-ZIP			1.4 CITY		Orlando, FL 32831-8730
TITLE		☐ DELETE	2,1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAM		
STREET ADDRESS			2.3 STRE	ET ADORE	ESS
CITY-ST-ZIP	<u> </u>		2.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAMI		
STREET ADDRESS			3.3 STRE	ET ADDRE	ESS
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STR	ET ADORE	ESS
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM		· ·
STREET ADDRESS	•		5.3 STR	ET ADDRE	ESS
CITY-ST-ZIP	_		5.4 CITY		
TITLE		☐ DELETE	6.1 TITLI		☐ Change ☐ Addition
NAME			6.2 NAM	Ξ.	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 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.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90131 025 ***150.00