


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90071 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000036746</b>					
1. Corporation Name <b>CSI-BUILDING MAINTENANCE, INC.</b>					
Principal Place of Business <b>12865 GREENMEADOW PLACE          JACKSONVILLE FL 32246</b>			Mailing Address <b>12865 GREENMEADOW PLACE          JACKSONVILLE FL 32246</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>04/23/1998</b>					
2. Principal Place of Business <b>21</b>				4. FEI Number <b>59-3506874</b>	
2a. Mailing Address <b>21</b> <b>13245 Atlantic Blvd.</b>				Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b> <b>Suite 4-201</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b> <b>32225</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country					
9. Name and Address of Current Registered Agent					
<b>RAX CO.          C/O MCGUIRE, WOODS, BATTLE &amp; BOOTHE LLP          50 NORTH LAURA ST, 3300 BARNETT CENTER          JACKSONVILLE FL</b>					
10. Name and Address of New Registered Agent					
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code					
FL					
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

904-221-0105

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