PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036746

,	n Name				1 .			
CSI-BUIL	DING MAINTENANCE, INC.							
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Principal Place	e of Business	Mailing Address				91111 (891) 4	1010 2011 1007	
12865 GREENM	FADOW PLACE	12865 GREENMEADOW PLACE	Ε		1			
JACKSONVILLE FL 32246 JACKSONVILLE FL 32246					DO NOT WEST IN THE	00405		
\	•				DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed			
Ĺ					04/23/1998	1-17-		
	face of Business	2a. Malling Address	1. 0	1	4. FEI Number		olled For	
21		# 13345 Atlan	HC I	>11G ·	39:35000 M		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~1		5. Certificate of Status Desired	\$8.75 A Eee.Re		
22		12 - 2 MT + C-H-OY) /				·	** -
City & State	<u> </u>	City.& State			8. Election Campaign Financing	ىرى ,5,00 Added to	May Be	2,50
23		28	Country		Trust Fund Contribution		J F 663	ì
Zlp .	Country	32225 B	<u> </u>		8. This corporation owes the current year Int		□No	i
24	25	<u> </u>	10		Personal Property Tax. 10. Name and Address of New Registered			i
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	IV. Halle and Address of New Adgraces	, 1 ₁ 10, 11.		
DAV	CO		"				·	
RAX CO. C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP			82	Street Addre	iss (P.O. Box Number Is Not Acceptable)			
50 NORTH LAURA ST, 3300 BARNETT CENTER			83					
JACKSONVILLE FL			103					
JACI	V20IAAIRTE LE		84	City	<u></u>	85 Zip C	ode	
				<u> </u>	<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes Felorida, Such change was auf	, the above horized by	e-named corpo the comoration	ration submits this statement for the purpose of his board of directors, I hereby accept the appoin	changing its i niment as reg	registereo jistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes		ration submits this statement for the purpose of n'a board of directors, I heraby accept the appoint	-		
SIGNATURE					•		í	
	Signature, typed or printed name of registered agent							_
12.			_	t signature required		ID DIDECTO	PS IN 12	686
	OFFICERS AND	DIRECTORS	13.	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN			11/98)
TITLE	OFFICERS AND		13. 1.1 TITLE	t signature required		D DIRECTO	RS IN 12	4 (11/98)
TITLE NAME	OFFICERS AND D MCCARTHY, WILLIAM T	DIRECTORS	13. 1.1 TITLE 1.2 NAME					034 (11/98)
TITLE	D OFFICERS AND MCCARTHY, WILLIAM T 12865 GREENMEADOW PLACE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADORESS				2F034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, WILLIAM T 12865 GREENMEADOW PLACE JACKSONVILLE FL 32246	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T ADORESS		Change	☐ Addition	CR2F034 (11/98)
TITLE NAME STREET ADDRESS	D MCCARTHY, WILLIAM T 12865 GREENMEADOW PLACE JACKSONVILLE FL 32246 D	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	T ADORESS				CR2F034 (11/98)
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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 attachmetit with an address, with all other like empowered.

6.3 STREET ADORESS

STREET ADORESS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90071 021 ***150.00