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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000047503

PROTECT MAINTAIN & ENHANCE, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90255 043 ***150.00

A CORRES DE SEO CENOS ENGRE DORAS DORAS BORRA CORES DE ARABE CONOS DERES DANDE REFE ENGLE

Principal Place of Business Mailing Address						T EDDYIOUS IN IDION HOUSE BOSH DONIN DANIN DONIS	MIREL COMES RESES O	INCON CESS COMES
11595 KELLY R FT. MYERS FL		11595 KELLY ROAD FT. MYERS FL 33908			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed 05/26/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Арг	plied For
21	26				65-089-0664	Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	e	City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country			intry		8. This corporation owes the current year in		
24	25	29	30	· · ·		Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		81	Alama	10. Name and Address of New Registered	Agent	
WOODS, ROBERT				61	Name			
11595 KELLY ROAD					Street Addre	ess (P.O. Box Number is Not Acceptable)		
FT. I	MYERS FL 33908			83				
				84	City	FL	85 Zip C	Code
office or t	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was	authorized	o de t	ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its	registered gistered
SIGNATURE		1 - 1 (b) 1 - - - - - -	TE: Desintered	1 Agent	signature required	(when reinstating) DATE		
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.	- Again	agnature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 11	TLE			Change	Addition
NAME	WOODS, ROBERT		1.2 N	AME				
STREET ADDRESS	11595 KELLY ROAD		13 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33908		1	1.4 CITY-ST-ZIP				1
TITLE		☐ DELETE	2 1 TI				Change	Addition
NAME		22		AMÉ				
STREET ADDRESS			2.3 \$1	TREET.	ADDRESS			ł
CITY-ST-ZIP			2.4C	ITY-ST	T-ZIP			
TITLE		☐ DELETE	3.1 T!	TLE		4	Change	☐ Addition
NAME			3.2 N	АМЕ				.
STREET ADDRESS			3.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			3.4. <u>C</u>	TY-ST	T-ZIP			
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition
NAME			4.2 N	AME				1
STREET ADDRESS			435	TREET	ADDRESS			
CITY-ST-ZIP			4,4 C	ITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 11				Change	☐ Addition
NAME			5.2 N					
STREET ADDRESS			1		ADDRESS			-
CITY-ST-ZIP				ITY-ST	-ZIP			T Address:
TITLE		☐ DÉLETE	6.1 11				Change	☐ Addition
NAME			6.2 N					
STREET ADDRESS				TREET	ADDRESS			

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 place 12 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941. 466 8605