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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1 Corporation Name

P98000080314

THRAILKILL MAINTENANCE & HOME REPAIR, INC.

Principal Place of Business 15720 N.E. 2ND STREET GAINESVILLE, FL 32609

Country

9. Name and Address of Current Registered Agent

25

500 E. UNIVERSITY AVENUE STE A

indicated on this annual report of supplemental annual reportion of the receiver or the Block 12 or Block 13 if changed, or on an attacking on the process of the receiver or this block 12 or Block 13 if changed, or on an attacking on the process of the process

OHN L. THRAILKILL

SIGNATURE:

SALZMAN, ANTHONY J

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

22

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

29

15720 N.E. 2ND STREET GAINESVILLE, FL 32609

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90080 022 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

K) No

Not Applicable

9/11/98 4. FEI Number

59-3539182

5. Certifcate of Status Desired

6. Election Campaign Financing

a. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

| GAINESVILLE FL 32602-2759 | | 83 |] | _ | | |
|--|-----------------------|-------------|----------|---------------------------------------|-------------|------------|
| | | 84 | City | FL | 85 Zip Ci | ode |
| 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTOR | RS IN 12 |
| TITLE | PRES. DELETE | 13. | | |] Change | ☐ Addition |
| NAME | JOHN L. THRAILKILL | 12 NAME | | | | |
| STREET ADDRESS | 15720 N.E. 2ND STREET | 1.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32609 | 1.4 CITY-S | T-ZIP | | | |
| TITLE | DELETE | 2.1 TITLE | | [|] Change | Addition |
| NAME | | 2.2 NAME | | | |] |
| STREET ADDRESS | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | 2.4 CITY-5 | T-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | |] Change | Addition |
| NAME | | 3.2 NAME | | | | 1 |
| STREET ADDRESS | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | 3.4. CITY-S | T-ZIP | <u> </u> | 7.01 | |
| TITLE | ☐ DELETE | 4.1 TITLE | | Ļ |] Change | Addition |
| NAME | | 4.2 NAME | | | | ļ |
| STREET ADDRESS | | 4.3 STREET | TADORESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-S | T-ZIP | | 7.0 | |
| TITLE | ☐ DELETÉ | 5.1 TITLE | | L |] Change | ☐ Addition |
| NAME | | 5.2 NAME | | | | |
| STREET ADDRESS | ſ | 5.3 STREET | ADDRESS | | | ĺ |
| CITY-ST-ZIP | | 5.4 CITY-S | T-21P | | 7.01 | |
| TITLE | ☐ DELETE | 6.1 TITLE | | L |] Change | Addition |
| NAME | | 6.2 NAME | | | | |
| STREET ADDRESS | | 6.3 STREET | | 6 | | |
| CITY-ST-ZIP | | 6.4 CITY-S | | 440.07(0)(0) 51 14 00 4 4 15 15 15 15 | that the Is | formation |
| 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 like peceiver or tribsee emovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in | | | | | | |

ess, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Country

81 Name

82

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