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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90004 009 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT # OOA

| <ol> <li>Corporation</li> </ol>                     | IVIENT # 504718 IAINTENANCE, INC.       | •                                  |             | *                                     |  |  |                    |
|---|---|------------------------------------|-------------|---------------------------------------|--|--|--------------------|
| Principal Plac                                      | e of Business .                         | Mailing Address                    |             |                                       |  | 11 <b>6</b> 11 <b>010</b> 11 616             | IN BIBLI BEBG 1981 |
| 4400 BAYOU B  | LVD.                                    | 4400 BAYOU BLVD.                   |             |                                       |  |  |                    |
| 35 SUITE 35   |   |                                    |             |                                       |  |  |                    |
| PENSACOLA FL 32503 PENSACOLA FL 23503 US US         |   |                                    |             |                                       | DO NOT WRITE IN THIS SPACE                                     |  |                    |
| 03  |   | 00                                 |             |                                       | 3. Date Incorporated or Qualifed 09/18/1990                    |  |                    |
| Principal Place of Business     2a. Mailing Address |   |                                    |             |                                       | 4. FEI Number  |  | Applied For        |
| 21 26   |   |                                    |             |                                       | 59-3032855   |  | Not Applicable     |
| Suite, Apt. #, etc.                                 |   |                                    |             |                                       | 5. Certificate of Status Desired                               | •  | 5 Additional       |
| 22 27   |   |                                    |             |                                       |  |  | Required           |
| City & State City & State                           |   |                                    |             |                                       | 6. Election Campaign Financing \$5.00 May Be                   |  |                    |
| 23 28   |   |                                    |             |                                       | Trust Fund Contribution  |  | ed to Fees         |
| Zip   | Country                                 | Zip                                | Countr      | У                                     | 8. This corporation owes the current year in                   |  | □No                |
| 24  | 25                                      |                                    | 30          |                                       | Personal Property Tax.  10. Name and Address of New Registered | Yes  | UNO .              |
|   | 9. Name and Address of Currer           | nt Registered Agent                | 8.          | 1 Name                                | to. Name and Address of New Registered                         | Agent  |                    |
| CHA   | LK, T. WESLEY                           |                                    | ľ           | · · · · · · · · · · · · · · · · · · · |  |  |                    |
| 4400 BAYOU BLVD.                                    |   |                                    | 8           | 2 Street Add                          | ress (P.O. Box Number is Not Acceptable)                       |  | ,                  |
| SUITE 35  |   |                                    | 8:          |                                       | ***************************************                        | - / -  | 41 412 1219 / 1481 |
| PENSACOLA FL 32503                                  |   |                                    | 18          | 1                                     |  |  |                    |
|   |   |                                    | 84          | 4 City                                | · · · · · · · · · · · · · · · · · · ·                          | 85 Zi  | ip Code            |
| 1000  | · ·.                                    |                                    |             | <u> </u>                              | FL poration submits this statement for the purpose of          | <u>-                                    </u> |                    |
| office or agent. I a                                | im familiar with, and accept the obliga | ations of, Section 607.0505, Flori | ida Statute | S.                                    | on's board of directors. I hereby accept the appo              | intment as                                   | registered         |
| 12.   |   | ID DIRECTORS                       | 13.         |                                       | ADDITIONS/CHANGES TO OFFICERS A                                | ND DIREC                                     | TORS IN 12         |
| TITLE   | 0                                       | ☐ DELETE                           | 1.1 TITLE   |                                       |  | ☐ Chang                                      | je 🔲 Addition      |
| NAME  | CHALK, T. WESLEY                        | 1.21                               |             |                                       |  |  |                    |
| STREET ADDRESS                                      | ress 4400 BAYOU BLVD., SUITE 35         |                                    | 1.3 STREE   | ET ADDRESS                            |  |  |                    |
| CITY-ST-ZIP   | PENSACOLA FL                            |                                    | 1.4 CITY-   | ST-ZIP                                |  |  |                    |
| TITLE   |   | ☐ DELETE                           | 2.1 TITLE   |                                       |  | ☐ Chang                                      | ge Addition        |
| NAME:   |   |                                    | 2.2 NAME    |                                       |  |  |                    |
| STREET ADDRESS                                      |   |                                    | 2.3 STREE   | ET ADDRESS                            |  |  |                    |
| CITY-ST-ZIP   |   |                                    | 2. 4 CITY-  | ST-ZIP                                |  |  |                    |
| TITLE   | ☐ DELETE                                |                                    | 3.1 TITLE   |                                       | <del></del>  | ☐ Chang                                      | ge Addition        |
| NAME  |   |                                    | 3.2 NAME    |                                       |  |  |                    |
| STREET ADDRESS                                      | -                                       |                                    | 3.3 STREE   | ET ADDRESS                            |  |  | te to take         |
| CITY-ST-ZIP (1) A 1                                 | <b>F</b>                                |                                    | 3.4. CITY-  | ST-ZIP                                |  |  |                    |
| TITLE   |   | ☐ DELETE                           | 4.1 TITLE   | _                                     |  | ☐ Chang                                      | e Addition         |
| NAME  |   |                                    | 4. 2 NAME   | :                                     |  |  |                    |
| STREET ADDRESS                                      |   |                                    |             | ET ADDRESS                            |  | •  |                    |
| CITY-ST-ZIP   | . ·                                     |                                    | 4.4 CITY-   |                                       |  |  |                    |
| TITLE   |   | ☐ DELETE                           | 5.1 TITLE   |                                       |  | Chang  | je Addition        |
| NAME  |   |                                    | 5.2 NAME    |                                       |  | •  |                    |
| STREET ADDRESS                                      |   |                                    | 5.3 STREE   | ET ADDRESS                            |  |  |                    |
| CITY-ST-ZIP   | <u>υ</u>                                |                                    | 5.4 CITY-   | ST-ZIP                                |  |  |                    |
| TITLE   |   | ☐ DELETE                           | 6.1 TITLE   |                                       |  | Chang  | je Addition        |
|   | \$ 1 m                                  |                                    |             | j                                     |  |  |                    |

CITY-\$T-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 to stee 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 attention with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS