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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13106

(7)

PERFECT & RELIABLE MAINTENANCE, INC.

FILED
Mar 03 1998 8:00am
Secretary of State

☐ Change

☐ Change

Change

■ Addition

Addition

Addition

	ETT COT A TICENOCE MAINTENANC)L, IIIO.						
Princip	oal Place of Business	Mailing Address				a todatotë tot stadë stiët kidit dikit dikit dikit dibit debit debit dibit kidit dibit kidit		
UNIT	EE BLVD. 101 H ACRES FL 33836	P.O. BOX 0358 LEHIGH ACRES FL 3397	D. BOX 0358 HIGH ACRES FL 33970-0358			DO NOT WRITE IN THIS SPACE	_	
US						3. Date Incorporated or Qualified		
2. Prin	ncipal Place of Business	2a. Mailing Address				11/15/1990 4. FEI Number Applied For	-	
21	·	26				65-0226821 Not Applicable	-	
	te, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi	1	
City 23	/ & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	├ - ¬ ′	Zip	Cou	intry	,	8. This corporation owes or has paid the current year Intangible	1	
24	25	29	30	,		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
FESTERLING, WALTER 81					Name			
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
LEHIGH ACRES FL -88988 33972							4	
				83				
				84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.								
SIGNA'	TURE						I	
12.	Signature, typed or printed name of registered agent a OFFICERS AND D			Age	ni signatura required		1	
TITLE	POST	DELETE	13.	nt	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ł	
NAME	PFUND-FESTERLING, BARBARA	-	1.2 NA		ĺ	C Outside C Moration	ļ	
STREET AC					ADORESS		I	
CITY-ST-	15140H 10550 CL 17 707	12	1.4 CI				ı	
TITLE	DV	DELETE	2.1 TI		1-21	☐ Change ☐ Addition	I	
NAME	FESTERLING, WALTER		2.2 NAME				I	
STREET AL			2.3 STREE		ANDRESS		l	
CITY-ST-	1	72	2.4 CITY-				۱	
TITLE		DELETE	3.1 TIT		***	☐ Change ☐ Addition	ĺ	
NAME			3.2 NA	ME		= · -	ı	
STREET AC	DORESS		3.3 ST	REET	ADDRESS		ĺ	
CITY-ST-	7/P		24.0	TV. C	מול. ד		ĺ	

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 supplied mutal 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.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

BONI A ANILIA DICHESTO LE LES EL ALIGNO GIVINO DE