

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21805 (4)

1. Corporation Name

ALL-PRO MAINTENANCE OF TALLAHASSEE, INC.

Principal Place of Business

3000 PEDDIE DRIVE
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 38355
TALLAHASSEE FL 32315-8355



3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

06/17/1996

2. Principal Place of Business

21 Rt. 6 Box 1478

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 HAVANA FL

24 32333

25 Gadsden

27 City & State

28 Florida

29 Zip

30 Country

4. FEI Number

59-3042410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ATKINS, CHARLES N.
3000 PEDDIE DRIVE
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BARBER, ROBIN C
STREET ADDRESS 3000 PEDDIE DR.
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D ☐ DELETE

NAME ATKINS, CHARLES N
STREET ADDRESS 3000 PEDDIE DR.
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS Rt 6 Box 1478

1.4 CITY-ST-ZIP HAVANA, FL 32333

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS Rt. 6 Box 1478

2.4 CITY-ST-ZIP HAVANA, FL 32333

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

904 576-7804

Daytime Phone #

0049052

CR2E034 (9/96)