FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90013 009 ***150.00

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

Mailing Address

POST OFFICE BOX 2472

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$34915

1. Corporation Name

Principal Place of Business

POST OFFICE BOX 2472

CITY-ST-ZIP

SIGNATURE:

D & C BUILDING MAINTENANCE, INC.

1191 SAWMILL WINTER PARK		GOLDENROD FL 32733				-	DO NOT WRI	TE IN THI	S SPACE		
US	i C del de					3. Date (1)	corporated or Qualifed				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number				Applied For		
21		26			59-3051953				Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				\$8.75 Additional Fee Required	
City & 5-tate		City & State					Campaign Financing			00 ivi	ay Be Fees
Zip	Country	Zip	Coui	untry		This corporation owes the current year In Personal Property Tax.					z₹No
24	25	29 30				10. Name and Address of New Registered					
	9. Name and Address of Current	Registered Agent		81	Name	TU. Name	and Address of New	register:	a Agent		
ואליט	D HEIDENTHALER			"	Hairie		_				
1191	SAW MILL COURT			82	2 Street Address (P.O. Box Number is Not Accept						
. WINT	TER PARK FL 32792			83							
				84	City			F	L 85 Z	Zip Co	de
office or r	to the provisions of Sections 607.050/ egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authorized	by t	-named cor he corporat	poration submit tion's board of d	s this statement for the irectors. I hereby acce	purpose of the app	of changing ointment as	its regis	gistered stered
SIGNATUR.E	Signature, typed or printed name of registered agen-	and title if applicable. (NO	TE: Registered	Agent	signature req iii	red when reinstating)		DATE			
12.	OFFICERS ANI) DIRECTORS	13.			ADDITIC	NS/CHANGES TO OF	FICERS 1			
TITLE	PTD	DELETE	1.1 TIT	LE					Chan	ge	☐ Addition
NAME ·	HEIDENTHALER, DAVID		1 2 NA	ME							
STREET ADDRESS	1191 SAW MILL COURT		1.3 ST	REET/	ADDRESS						
CITY-ST-ZIP	WINTER PARK FL		1.4 CIT	TY-ST-	- ZIP						
TITLE	SV	DELETE	2.1 TIT	LE					Chan	ge	Addition
NAME	HEIDENTHALER, CARIDAD		2.2 NA	ME							
STREET ADDRESS	1191 SAW MILL COURT		2.3 ST	2.3 STREET ADDRESS							
CITY-ST-ZIP	WINTER PARK FL		2. 4 CI	TY-ST	- ZIP						
TITLE		☐ DELETE	3.1 TIT	ne_					Chan	ge	Addition
NAME			3.2 NA	ME							
STREET ADDRESS			3 3 ST	REET	ADDRESS						
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP						
TITLE		☐ DELETE	4.1 TIT						Chan	ige .	Addition
NAME			4. 2 N	AM E							
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CD	TY-ST-	- ZIP						
TITLE		☐ DELETE	5.1 TIT	n.e					Chan	ge	Addition
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REET	ADDRESS						
CITY-ST-ZIP			5.4 CIT	TY-ST	-ZIP						
TITLE		☐ DELETE	6.1 TIT	LE					☐ Chan	ige	☐ Addition
NAME			6.2 NA	ME]						
STREET ADDRESS			6.3 ST	REET.	ADDRESS						

6.4 CITY-ST-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 corpora ion or the receiver or trustee empowered to wacute the report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address, with all other true.

SIGNING OFFICER OR DIRECTO