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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporation	n Name	# 53557 Truction Maint	•	4)			
1111 031	II CONO		LIVAROL, IIVO.				
Principal Plac	e of Busines		Mailing Address	<del>-</del>			
7001 TEMPLE TERRACE HWY PO BOX 16307							
TAMPA FL 33637 TAMPA FL 33687							
US US							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
2. Principal P	Place of Busin	ness.	2a. Mailing Addr	PSS		<del></del>	03/04/1991 4. FEI Number Applied For
21	1000 01 00011		26				59-3058997 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							— \$8.75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & Stat	e		<b>⊢</b> , , ,	City & State			6. Election Campaign Financing \$5.00 May Be
23				Zip Country			Trust Fund Contribution Added to Fees
Zip 24	Country 25		Zip	29 30			This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.    Yes    No
24		and Address of Curre			<u> </u>		10. Name and Address of New Registered Agent
YO					81	Name	
Young Jr, James S. 7001 Temple Terrace Highway Tampa Fl 33637			Υ		82	Street A	Address (P.O. Box Number is Not Acceptable)
			•	02			Address (F.O. Box Number is Not Acceptable)
]					83		1
					84	City	85   Zip Code
							FL
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 register 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 a	gent and tille if applicable.  ND DIRECTORS	(NOTE, F		nt signature n	required when reinstating) DATE
12.	D	OFFICENS AI	DE DIRECTORS	LETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
		JAMES S JR			1,2 NAME	1	
NAME YOUNG, J STREET ADDRESS 818 BENN		•			1.3 STREET	ADDRESS	
CITY-ST-ZIP	ZIP TAMPA FL				1.4 CITY - S	- 1	
TITLE	D		□ DE	LETE	2.1 TITLE		Change Addition
NAME	CAPARE, FRANK N				2.2 NAME		
STREET ADDRESS	CAPARE, FRANK N 3008 JUSTAMERE LN ZIP TAMPA FL				2.3 STREET	ADDRESS	ent.
CITY-ST-ZIP		FL			2. 4 CITY - 8	ST-ZIP	
TITLE	D	YOULDD D	∐ DE	LETE	3.1 TITLE	Ì	Change Addition
NAME		RICHARD P			3.2 NAME		
STREET ADDRESS		ININGER DR			3.3 STREET		
CITY-ST-ZIP TITLE	BRANDO	NA LF		I FTF	3.4. CITY - 5 4.1 TITLE	it-ZIP	Change Addition
NAME			L 9L		4, 2 NAME		C Smarge C Assistant
STREET ADDRESS					4.2 NAME 4.3 STREET	ADDRESS	
CITY-ST-ZIP					4.4 CITY - S		
TITLE			☐ DE	LETE	5.1 TITLE		Change Addition
NAME	I				5.2 NAME		
STREET ADDRESS				i i	5.3 STREET	ADDRESS	
CITY - ST - ZIP					5.4 CITY-S	r- 21P	
TITLE			☐ DE	LETE	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	
Cary-ST-ZIP					6.4 CITY - S'	r- zie	

I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 13 if a 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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 15 1998 8:00am

Secretary of State