FILED Apr 13, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

<ol> <li>Corporation</li> </ol>	CONSTRUCTION MAINTEN	IANCE, INC.					
Principal Place	of Business	Mailing Address			T 180(1910 100 71/4) Brish Brish radio 1401 Brish Bris		
7001 TEMPLE TERRACE HWY PO BOX 16307 TAMPA FL 33637 US US PO BOX 16307 TAMPA FL 33687 US				DO NOT WRITE IN THIS SPACE	_		
					3. Date Incorporated or Qualifed		
		0. Mailin Addana			03/04/1991 4. FEI Number Applied For		
	ace of Business	2a. Mailing Address			59-3058997 Not Applicabl	 e	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	_	
22		27			5. Certifcate of Status Desired	<u></u>	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible		
24	25	29 30	<u> </u>		Personal Property Tax. Yes No	_	
	9. Name and Address of Curren	Registered Agent	81	None	10. Name and Address of New Registered Agent	$\dashv$	
VOLI	NG JR, JAMES S.		81	Name			
	TEMPLE TERRACE HIGHWAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	PA FL 33637						
	, 2 0000.		83			_	
			84	City	FL 85 Zip Code	1	
office or re agent. I an SIGNATURE	to the provisions of Sections 607.030.  gistered agent, or both, in the State in familiar with, and accept the obligations of the state of the state in familiar with, and accept the obligations of the state of the	of Florida. Such change was auth ions of, Section 607.0505, Florida	onzed by a Statutes	tne corporations.	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered advised when reinstating)  DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_  \$	
TITLE	D	☐ DELETE	1.1 TITLE	j	☐ Change ☐ Additi	on	
NAME	YOUNG, JAMES S JR		1.2 NAME				
STREET ADDRESS	818 BENNINGER DR.			TADDRESS	•	1 6	
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	☐ Change ☐ Additi	_ (	
TITLE	_		2.1 TITLE 2.2 NAME				
NAME	ONI MILI HOME II			TADORESS		}	
STREET ADDRESS			2.4 CITY-			-	
CITY-ST-ZIP			3.1 TITLE		Change Additi	on	
NAME	BAILY, RICHARD P		3.2 NAME				
STREET ADDRESS	<b>.</b>		3.3 STREE	TADORESS			
CITY-ST-ZIP	DDANISON EI		3.4. CITY-	ST-ZIP		_	
TILE			4.1 TITLE		☐ Change ☐ Additi	on j	
NAME			4.2 NAME			ļ	
STREET ADDRESS	·		4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		-	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additi	NII	
NAME			5.2 NAME	T ADDRESS		\	
STREET ADDRESS			5.4 CITY-S				

CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nehtal 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 acceiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information supp indicated on this annual report or stople officer or director of the corporation the Block 12 or Block 13 if changel, or or in

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition