

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # S40336

(7)

1. Corporation Name

MIRACLE MAINTENANCE, INC.

Principal Place of Business

**11327 DUVAL RD.
JACKSONVILLE FL 32218
US**

Mailing Address

**11327 DUVAL RD
JACKSONVILLE FL 32218
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1991

3a. Date of Last Report

06/30/1994

4. FEI Number

59-3090445

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**SMILEY, BETTY J.
11301 DUVAL ROAD
JACKSONVILLE FL 32218**

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 of Registered Agent required above registration)

(NOTE: Registered Agent signature required above registration)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PDT
MARSHALL, DON
11327 DUVAL RD.
JACKSONVILLE FL**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
SMILEY, JOHN D.
11301 DUVAL ROAD
JACKSONVILLE FL**

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
SMILEY, BETTY J.
11301 DUVAL ROAD
JACKSONVILLE FL**

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald L. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

904/765-0936