

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S40336** (7)
1. Corporation Name
MIRACLE MAINTENANCE, INC.



Principal Place of Business Mailing Address
**11327 DUVAL RD.
JACKSONVILLE FL 32218
US** **11327 DUVAL RD
JACKSONVILLE FL 32218
US**

2. Principal Place of Business 2a. Mailing Address
21 State Apt #, etc 26 State Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **03/22/1991** 3a. Date of Last Report **03/01/1995**
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

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 607.0507 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 Corporation (must be signed by authorized officer or director)

DATE Registered Agent Signature (required after receipt of)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	☐ DELETE
NAME	MARSHALL, DON	
STREET ADDRESS	11327 DUVAL RD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ DELETE
NAME	SMILEY, JOHN D.	
STREET ADDRESS	11301 DUVAL ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	SMILEY, BETTY J.	
STREET ADDRESS	11301 DUVAL ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or as an attachment with an address.

SIGNATURE:

Don Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 1996

DATE

904/765-0936

DAYTIME PHONE #

CR2E034 (12/95)