

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

APPROVED  
AND  
FILED

98 MAR 18 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra G. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S84451** (1)

1. Corporation Name

**CERTIFIED MAINTENANCE SERVICE, INC.**

Principal Place of Business

Mailing Address

**754 MONROE RD  
LAKE MONROE FL 32747**

**PO BOX 471208  
LAKE MONROE FL 32747-1208**

**US 365 OAK PLACE  
PORT ORANGE, FL 32127**

**US 365 OAK PLACE  
PORT ORANGE, FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/27/1991**

4. FEI Number

**59-3087893**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILBURN, MARK**

**221 NE IVANHOE BLVD., STE 205  
ORLANDO FL 32804**

**HARRIS, MARSHALL  
390 NORTH ORANGE AVE, SUITE 1100  
ORLANDO, FL 32801**

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]*

(NOTE: Registered Agent signature required when reinstating)

**3/9/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PS  
MANFREDI, MARK  
754 MONROE RD  
LAKE MONROE FL 32747-1208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
CECIL J. WARD, JR.  
365 OAK PLACE  
PORT ORANGE, FL 32127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**200002461442--0**

**03/19/98--01005--002**

**\*\*\*\*\*150.00 \*\*\*\*\*150.00**

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 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 if changed on an attachment with an address.

SIGNATURE:

*[Signature]*

**2/25/98 904-788-8084**

CR2E034 (10/97)