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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S97267** (6)

1. Corporation Name
CONSERV BUILDING SERVICES, INC.

Principal Place of Business
**6350 118TH AVENUE NORTH
LARGO FL 34643**

Mailing Address
**6350 118TH AVENUE NORTH
LARGO FL 33773-3728**



3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3095167** 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

24 **33773**

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 **33773**

Country

30

9. Name and Address of Current Registered Agent

**BLUME, STEPHEN G.
6354 118TH AVENUE NORTH
LARGO FL 34643**

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 **33773**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BLUME, STEPHEN G.**
STREET ADDRESS **524 AUSTIN DR.**
CITY-ST-ZIP **TARPOON SPRINGS FL**

TITLE **VD** ☐ DELETE
NAME **BLUME, DARYL W.**
STREET ADDRESS **7306 SAWGRASS POINT DRIVE**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VD** ☒ DELETE
NAME **EDWARDS, TERRY W.**
STREET ADDRESS **11901 4TH ST N #9**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **ST** ☐ DELETE
NAME **DEMA, ANTHONY N.**
STREET ADDRESS **10489 85TH STREET NORTH**
CITY-ST-ZIP **LARGO FL**

TITLE **V** ☐ DELETE
NAME **MCINTIRE, BRADLEY W.**
STREET ADDRESS **3304 HAVILAND COURT #304**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **add zip code 34689**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **add zip code 33782**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP **add zip code 33777**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **add zip code 34684**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

Stephen G. Blume
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

(813) 541-5503

Date

Daytime Phone #

CR2E034 (9/96)