

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

FILED
May 08 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 33773 US | Mailing Address 6350 118TH AVENUE NORTH LARGO FL 34643 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------------|--|---------------------------|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 01/01/1992 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3095167 | |
| City & State 23 | | City & State 28 | | Applied For Not Applicable | |
| Zip 24 | | Country 25 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 29 | | Country 30 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 33773 | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BLUME, STEPHEN G.
6354 118TH AVENUE NORTH
LARGO FL 33773**

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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLUME, STEPHEN G. | 1.2 NAME | |
| STREET ADDRESS | 524 AUSTIN DR. | 1.3 STREET ADDRESS | 170 Marina Del Rey Court |
| CITY-ST-ZIP | TARPON SPRINGS FL | 1.4 CITY-ST-ZIP | Clearwater, FL 33767 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLUME, DARYL W. | 2.2 NAME | |
| STREET ADDRESS | 7306 SAWGRASS POINT DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PINELLAS PARK FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMA, ANTHONY N. | 3.2 NAME | |
| STREET ADDRESS | 10489 95TH STREET NORTH | 3.3 STREET ADDRESS | 7751 Aralia Way |
| CITY-ST-ZIP | LARGO FL | 3.4 CITY-ST-ZIP | Largo, FL 33777 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCINTIRE, BRADLEY W. | 4.2 NAME | |
| STREET ADDRESS | 3304 HAVILAND COURT #304 | 4.3 STREET ADDRESS | 2118 Trevor Road |
| CITY-ST-ZIP | PALM HARBOR FL | 4.4 CITY-ST-ZIP | Palm Harbor, FL 34683 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, or on an attachment with an address.

SIGNATURE: _____

4/30/98 (813) 541-5503

CR2E034 (10/97)