FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

ANVED AND FILED
95 MAR -1 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09155 (5)

1. Corporation Name
TIM GRABOSKI MAINTENANCE INC.

Principal Place of Business	Mailing Address
1561 S CONGRESS AVE #227 DELRAY BCH FL 33445 US	1561 S CONGRESS AVE #227 DELRAY BCH FL 33445 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1992
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21 4724 NW Boca Raton Blvd
22 Suite, Apt. #, etc.
23 City & State: Boca Raton, FL
24 Zip: 33431
25 Country: Palm Beach

2a. Mailing Address
26 4724 NW Boca Raton Blvd
27 Suite, Apt. #, etc.
28 City & State: Boca Raton, FL
29 Zip: 33431
30 Country: Palm Beach

4. FEI Number: 65-0312502 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRABOSKI, TIMOTHY M.
7120 NW 44 LANE
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name: GRABOSKI, TIMOTHY M.
82 Street Address (P.O. Box Number is Not Acceptable): 6041 NW 63 PLACE
83
84 City: PARKLAND FL 85 Zip Code: 33067

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GRABOSKI, TIMOTHY M.	1.2 NAME	GRABOSKI, TIMOTHY M.	
STREET ADDRESS	7120 NW 44 LANE	1.3 STREET ADDRESS	6041 NW 63 PLACE	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	V	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GRABOSKI, MICHELLE	2.2 NAME	GRABOSKI, MICHELLE	
STREET ADDRESS	7120 NW 44 LANE	2.3 STREET ADDRESS	6041 NW 63 PLACE	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and 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 above, or on an attachment with an address.

SIGNATURE: [signature] 2/20/95 (407) 995-8252
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0288050 CP