

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **V69486** (1)  
1. Corporation Name  
**TOTAL MAINTENANCE BUILDING SERVICES, INC.**

Principal Place of Business <b>10357 IRONWOOD ROAD PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>10357 IRONWOOD ROAD PALM BEACH GARDENS FL 33410 US</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1992**

4. FEI Number <b>65-0428580</b>	Applied For <input type="checkbox"/> 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

2. Principal Place of Business 21 <b>Same as Above</b>	2a. Mailing Address 26 <b>Same as Above</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOLSHAK, MAX  
2326 S. CONGRESS AVE.  
SUITE 1-C  
WEST PALM BEACH FL 33406**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANLEY-GALBRAITH, NADINE	
STREET ADDRESS	10357 IRONWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GALBRAITH, FRANCIS A.	
STREET ADDRESS	10357 IRONWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULZ, LEONARD F.	
STREET ADDRESS	10357 IRONWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALBRAITH, BETTYE N.	
STREET ADDRESS	5260 COUNTERPLAY RD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALBRAITH, EDWARD J	
STREET ADDRESS	10357 IRONWOOD ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, LAURA R	
STREET ADDRESS	1201 HAYS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* F.A. GALBRAITH Sec'y 4/23/98 561-8442704

CR2E034 (10/97)