

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000074195 (7)**

1. Corporation Name

**JAMES BROWN JANITORIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

RT 17 BOX 1449-D  
LONNIE ROAD  
TALLAHASSEE FL 32308

RT 17 BOX 1449-D  
LONNIE ROAD  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified <b>10/26/1993</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>59-1869610</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, JAMES JR**  
RT 17 BOX 1449-D  
LONNIE ROAD  
TALLAHASSEE FL 32308

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 of Registered Agent

Name of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES JR	2. NAME	
STREET ADDRESS	RT 17 BOX 1449D	3. STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4. CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, EDNA M	2. NAME	
STREET ADDRESS	RT 17 BOX 1449D	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JUAN O	3.2 NAME	<i>D</i> Brown, Juan O.
STREET ADDRESS	RT 17 BOX 1449D	3.3 STREET ADDRESS	<i>Rt. 17, Box 1449-D</i>
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	<i>Tallahassee, Fla. 32308</i>
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHNNY M	4.2 NAME	<i>VPD</i> Brown, Johnny M.
STREET ADDRESS	4214 JULIA ST	4.3 STREET ADDRESS	<i>4214 Julia St.</i>
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	<i>Tallahassee, FLA. 32304</i>
TITLE	<input type="checkbox"/> DELETE	5. 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. 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James Brown Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/94* *904/877-0952*  
DATE DAY/PHONE #

CR2E034 (12/95)