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FILED  
Apr 11 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 # P93000074195 (7)

1. Corporation Name  
JAMES BROWN JANITORIAL SERVICES, INC.



Principal Place of Business Mailing Address  
RT-17 BOX 1449-D LONNIE ROAD 1509 Lonnie Rd, 509 TALLAHASSEE FL 32308  
RT-17 BOX 1449-D LONNIE ROAD TALLAHASSEE FL 32308-5736

3. Date Incorporated or Qualified 10/26/1993  
3a. Date of Last Report 02/02/1996  
4. FEI Number 59-1869610  
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 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JAMES JR  
RT-17 BOX 1449-D  
1509 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, 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 BROWN, JAMES JR  
STREET ADDRESS RT-17 BOX 1449-D 1509 Lonnie Rd.  
CITY-ST-ZIP TALLAHASSEE FL 32308  
TITLE STD  DELETE  
NAME BROWN, EDNA M  
STREET ADDRESS RT-17 BOX 1449-D 1509 Lonnie Rd  
CITY-ST-ZIP TALLAHASSEE FL 32308  
TITLE D  DELETE  
NAME BROWN, JUAN O  
STREET ADDRESS RT-17 BOX 1449-D 1509 Lonnie Rd.  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE VPD  DELETE  
NAME BROWN, JOHNNY M  
STREET ADDRESS 4214 JULIA ST.  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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: Edna M. Brown - EDNA M. BROWN 4/8/97 904/877-0952  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)