

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:44

DOCUMENT # **V24184** (6)

1. Corporation Name:
R&R JANITORIAL SYSTEMS, INC.

Principal Place of Business Mailing Address
711 LUPINE LN TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 03/25/1992	3a. Date of Last Report 06/16/1994
4. FEI Number 59-3176914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 1516 C-3 Capital Circle	26 1516 C-3 Capital Circle
22 S.E.	27 S.E.
23 Tallahassee, Fla	28 Tallahassee, Fla
24 32301	29 32301
25 LEON	30 LEON

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IGLER, A. GEORGE 315 S CALHOUN ST SUITE 750 BARNETT BANK BLDG TALLAHASSEE FL 32301		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 _____ DATE _____
(Type/Print, typed or printed name of registered agent and title if applicable) (Print Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGBY, ROSE	1.2 NAME	
STREET ADDRESS	711 LUPINE LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGBY, RONALD C.	2.2 NAME	
STREET ADDRESS	711 LUPINE LN	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGBY JANE	3.2 NAME	
STREET ADDRESS	1211 HIGH COLONY DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGBY, WILLIAM	4.2 NAME	
STREET ADDRESS	1209 E. OSBORNE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4), Florida Statutes. I do hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make me liable only if I am an officer or director of the corporation or the receiver or trustee appointed to oversee this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron Rigby Vice President **4/9/95** (R00)877-0302
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER FOR SIGNATURE DATE