

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 # P9300007854Q (0)

1. Corporation Name:

JANITORIAL SERVICES OF AMERICA, INC.



Principal Place of Business

967 N.LK JESSUP AVE.
OVIEDO FL 32765

Mailing Address

967 N.LK JESSUP AVE.
OVIEDO FL 32765

2. Principal Place of Business

2a. Mailing Address

21 3700 JONQUIL LANE

26 3700 JONQUIL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Park FL

28 Winter Park FL

24 Zip

25 Country

29 Zip

30 Country

24 32792

29 32792

9. Name and Address of Current Registered Agent

ROMACK, ALLEN D
967 N. LK. JESSUP AVE.
OVIEDO FL 32765

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

10/05/1995

4. FEI Number

59-3207088

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

10. Name and Address of New Registered Agent

81 Name ALLEN D ROMACK

82 Street Address (P.O. Box Number is Not Acceptable)

3700 JONQUIL LANE

83

84 City Winter Park

FL

85 Zip Code

32792

11. Pursuant to the provisions of Sections 607.01(2) 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 607.05(3), Florida Statutes.

SIGNATURE ALLEN D ROMACK

(Date) (Signature) (Date)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROMACK, ALLEN D
STREET ADDRESS 967 N.LK JESSUP AVE.
CITY-ST-ZIP OVIEDO FL 32765

TITLE VP ☒ DELETE

NAME GREEN, LAYNE
STREET ADDRESS 7332 HARBOUR MASTER CT.
CITY-ST-ZIP TAMPA FL 33607

TITLE T ☐ DELETE

NAME ROMACK, LAURA J
STREET ADDRESS 967 N. LK. JESSUP AVE.
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE PRESIDENT ☒ Change ☐ Addition

12 NAME ROMACK, ALLEN D
13 STREET ADDRESS 3700 JONQUIL LANE
14 CITY-ST-ZIP WINTER PARK FL 32792

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE VICE PRESIDENT ☒ Change ☐ Addition

32 NAME ROMACK, LAURA J.
33 STREET ADDRESS 3700 JONQUIL LANE
34 CITY-ST-ZIP WINTER PARK, FL 32792

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

Allen D Romack

4/29/96

407-671-7040

CR2E034 (12/95)