

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 # 527116

1. Corporation Name

~~Florida Janitorial Services Inc.~~  
Florida Janitorial Cleaning Services of TCH,  
INC.

Principal Place of Business

1024 Griffin Street  
Tallahassee, FL  
32310

Mailing Address

P.O. Box 37397  
Tallahassee, FL  
32315

2. Principal Place of Business

21 1024 Griffin Street

Suite, Apt. #, etc.

22 N/A

City & State

23 Tallahassee FL

24 32310

Country

25 USA

2a. Mailing Address

26 P.O. Box 37397

Suite, Apt. #, etc.

27 N/A

City & State

28 Tallahassee, FL 32315

29 32315

Country

30 USA

3. Date Incorporated or Qualified

1977

3a. Date of Last Report

6-20-95

4. FEI Number

59-1579511

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Joyce L. Rollins  
3452 Monitor Lane  
Tallahassee, FL 32312

81 Name

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

83 N/A

84 City

N/A

FL

85 Zip Code

N/A

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's signature required when reappointing)

5/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Mozella C. Williams  
1024 Griffin Street  
Tallahassee, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Joe Williams  
1024 Griffin Street  
Tallahassee, FL 32310

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sec.-Treasurer  
Joyce L. Rollins  
3452 Monitor Lane  
Tallahassee, FL 32315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Debra B. Williams  
707 Compass Lane  
Tallahassee, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

9000001532529

-05/24/96-10/1/96

\*\*\*233.75 \*\*\*233.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/24/96

(904)  
224-0717

CR2E034 (12/95)