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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

Corporation Name

F46650

(0)

HOWELL JANITOR SERVICE, INC.



Suite, A	spt. #, etc	Solle, Apr. #, 6	110	5. Certificate of Status Desired	Fee Required
City & 5	State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29	Gountry 30	This corporation has liability for intangible to Florida Statutes Yes \(\square\) Yes \(\square\) No	
:4	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

HOWELL, EVELYN H **628 STARKE LAKE CIRCLE** OCOEE FL 32761

untry	Florida Statutes Yes No						
T	10. Name and Address of New Registered Agent						
81	Name						
82	2 Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City 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 _	Signature, by Jed or product han a of regularized agent and tried	anni ratiki NOFE	Registered Agent signature requirer v	vien rendatrigi OATE	
	OFFICE OF AND EVER OF OPE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1. 1 T TLE	Change Addition	
	HOWELL, CARROLL B	_	1.2 NAME		
NAME	628 STARKE LAKE CIRCLE		1.3 STREET ADDRESS		
STREET ADDRESS	OCOEE FL		1.4 CHIY - ST - ZIP		
CITY-ST-ZIP	STD	DELETE	2 1 1916	Change Addition	
TITLE	HOWELL, EVELYN H	L1	2.2 NAME		
NAME	628 STARKE LAKE CIRCLE		2 3 STREET ADDRESS		
STREET ADDRESS	OCOEE FL		2 4 CHY+ST ZIP		
CITY-ST-ZIP	OCOEE PL	DELE 16	3 1 TITLE	Change Addition	
TITLE		beet.	3.2 NAME		
NAME					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4 CiTy - ST - ZiP	Change Addition	
TITLE		DECETE	4 1 1111 6		
NAME			4.2 NAME		
STREET ADDRESS			4.3.STPEFT ADDRESS		
CITY-ST-ZIF			4.4 CiTY - ST - ZIP	Change Addition	
TITLE		DELETE	5 1 TITLE	Unungu	
NAME	1		5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - ST - ZIP	Change	
TITLE		DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-SI-71P			6 4 CITY - ST - ZIP	AND ORIGINAL Floring Ctabutes Lituration	

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 certify 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 407/652-2456.