FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F4665

1. Corporation Name
HOWELL JANITOR SERVICE, INC. F46650

(0)

FILED Apr 24 1998 8:00am Secretary of State

HOWEL	L SAMITON SERVICE, MC.					
Principal Plac	e of Business	Mailing Address			- 1 Januar Itil Alata Bitta Boloi altil attı gibit a	(S)1 Effits diftt Aiftt Eiffte that
* EVELYN H		* EVELYN H HOWELL				
			KE LAKE CIRCLE L 34761-2374		DO NOT WRITE IN THI	IS SPACE
OOOLI IL O	1012014	00000 10 00012014			3. Date Incorporated or Qualified 09/29/1981	O OF ACE
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2135190	Not Applicable	
Suite, Apt. #, etc		Suite. Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		8. Election Campaign Financing	\$5.00 May Be	
23		28		,	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	I Hegistered Agent	81	Managa	10. Name and Address of New Registere	od Agent
	WELL, EVELYN H		61	Name		
628 STARKE LAKE CIRCLE			62	Street Addre	ss (P.O. Box Number is Not Acceptable)	
OCOEE FL 32761			1			
			83			
			84	City	F	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, persply accept the appointment as registered agent. I am familiar with, and accopt the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature types or profiled seams of registered agent and tille if appreciation. (NOTE Registered Agent signature required when revisitating) DATE						
12.	OFFICERS AND		13.	1.4	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		11.436//	Change Addition
NAME	HOWELL, CARROLL B		1.2 NAME	GR	EGORY B. HOWELL	
STREET ADDRESS	628 STARKE LAKE CIRCLE	1.3 STREET ADDRESS		DDRESS 48	2 DANKWOOD AUE	
CITY-ST-ZIP	OCOEE FL		1.4 CITY-ST	-ZIP <i>OC</i>	308E, FLA. 34761	
TITLE			2.1 TITLE		•	☐ Change ☐ Addition ☐
NAME	HOWELL, EVELYN H		2.2 NAME	Ì		
STREET ADDRESS	628 STARKE LAKE CIRCLE		2.3 STREET A	DDRESS		1
CITY-ST-ZIP	OCOEE FL		2. 4 CITY - ST	- ZIP		
TITLE		[] DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	1		}
STREET ADDRESS			3.3 STREET A	DDAESS		
CITY-ST-ZIP			34. CITY-ST	- ZIP		
TITLE		DELETE	4 1 TITLE			Change Addition
NAME [4. 2 NAME			,
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-ST-2IP			4.4 CITY - ST	ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			Į
STREET ADORESS			5.3 STREET A			
CITY-ST-ZIP		T or eve	5.4 CITY-ST	ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	i		
CITY-ST-ZIP	partify that the information supplied wi	th this bling does not quelly	64 CITY-ST		ection 119 07(3)(i) Florida Statutes I further	partify that the information

indicated on this annual report or supplied with this niling does not quanty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is 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 chapged, or on an attachment with an address.

4/20/98

407/656-2456