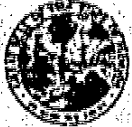
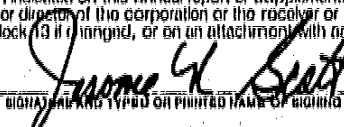


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 13 AM 11:58	
DOCUMENT # F94000000073 (6)				
1. Corporation Name COAST JANITORIAL SERVICE, INC.				
Principal Place of Business 714 N.E. ALBERTA STREET PORTLAND OR 97211		Mailing Address 714 N.E. ALBERTA STREET PORTLAND OR 97211		
DO NOT WRITE IN THIS SPACE.				
2. Principal Place of Business 21		3a. Date of Last Report 01/05/1994		
2a. Mailing Address 26		3. Date Incorporated or Qualified 01/05/1994		
Suite, Apt. #, etc. 22		4. FEI Number 93-0568120		
City & State 23		Applied For Not Applicable		
Zip 24		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
Country 25		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
27		Trust Fund Contribution ☐		
28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No		
29		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No		
30				
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
REED, JOHNNY L 424 I REX ROAD ATL. BEACH FL 32233		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City FL 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 agent 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 obligation of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	☐ Change ☐ Addition	
NAME	GRIMES, HERMAN	1.2 NAME		
STREET ADDRESS	84 N.E. FAILING	1.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR 97212	1.4 CITY - ST - ZIP		
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition	
NAME	SCOTT, JEROME N	2.2 NAME		
STREET ADDRESS	13121 N.E. TILLAMOOK	2.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR 97230	2.4 CITY - ST - ZIP		
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition	
NAME	ARTHAREE, BERNADETTE	3.2 NAME		
STREET ADDRESS	3107 N.E. 158TH	3.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR 97230	3.4 CITY - ST - ZIP		
TITLE	VC	4.1 TITLE	☐ Change ☐ Addition	
NAME	SCOTT, MANUEL	4.2 NAME		
STREET ADDRESS	725 N.E. SUMNER	4.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR 97211	4.4 CITY - ST - ZIP		
TITLE	C	5.1 TITLE	☐ Change ☐ Addition	
NAME	SCOTT, HENRY D	5.2 NAME		
STREET ADDRESS	14400 N.E. ALTON	5.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR 97230	5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(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: 		JEROME N. SCOTT		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date 3-7-95 Telephone (Area #) (503) 288-5138		