FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
714 N.E. ALBERTA STREET PORTLAND OR 97211	714 N.E. ALBERTA STREET PORTLAND OR 97211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 93-0568120 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REED, JOHNNY L
424 I REX ROAD
ATL. BEACH FL 32233

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 119.07(3)(i), 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 **JEROME N. SCOTT** **3-7-95** **(503) 288-5138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402101 FP