

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 97211-3960
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 04/04/1996
21	22	26	27	4. FEI Number 93-0568120	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
				85 Zip Code FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(f), 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** **4/11/97** **(503) 288-5138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)