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 FEB 14 PM 2:07

DOCUMENT # **F94000006568 (9)**

1. Corporation Name

JANI-KING OF ORLANDO, INC.

Principal Place of Business	Mailing Address
4950 KELLER SPRINGS ROAD, SUITE 190 DALLAS TX 75248	4950 KELLER SPRINGS ROAD, SUITE 190 DALLAS TX 75248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/23/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **APPLIED FOR 75-2570158** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, JERRY	1.2 NAME	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	CAVANAUGH, JIM	2.2 NAME	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAVANAUGH, ARLEEN	3.2 NAME	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, KAREN	4.2 NAME	
STREET ADDRESS	4950 KELLER SPRINGS ROAD, SUITE 190	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75248	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____, Jerry Crawford 02-09-95 (214) 991-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0004661 FN