

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **G06525** (1)  
1. Corporation Name  
**JANITORIAL INDUSTRIAL MAINTENANCE SUPPLY CO., IN  
C.**

Principal Place of Business Mailing Address  
**3602 WATERFIELD RD (LAKELAND FL 33801)**  
**P.O. BOX 1838**  
**EATON PARK FL 33803**  
**3602 WATERFIELD RD (LAKELAND FL 33801)**  
**P.O. BOX 1838**  
**EATON PARK FL 33803**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1982</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-2881304</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>33840</b>		25 Country		29 Zip <b>33840</b>		30 Country	
9. Name and Address of Current Registered Agent <b>SCHMIDT, JAMES E.</b> <b>3602 WATERFIELD RD</b> <b>LAKELAND FL 33801</b>				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				<b>FL</b>			

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

Signature typed or printed name of registered agent, if not applicable

Signature typed or printed name of registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	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)(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 or changed, or on an attachment with an address.

SIGNATURE:

*James E. Macon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAMES E. MACON**

4-24-96

941-666-3347

CR2E034 (12/95)