May 06, 1999 8:00 am Secretary of State

05-06-1999 90059 019 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G54191

1. Corporation Name

SUPER SCRUB JANITORAL SERVICES INC.

Principal Place of Business Mailing Address						'	
P. O. BOX 1431 P. O. BOX 1431 BUSHNELL FL 33513 BUSHNELL FL 33513					DO NOT WOLTE IN THIS SPACE		
İ					DO NOT WRITE IN THIS SPACE	\neg	
					3, Date Incorporated or Qualifed 08/15/1983	ļ	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For	╗	
21 26					65-0386855 / Not Applicable	e	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing S5.00 May Be	٦	
23 28				Trust Fund Contribution Added to Fees			
Zip Country Zip C			Country	,	8. This corporation owes the current year Intangible Personal Property Tax.		
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	┑	
	5. Halle and Address of Current	. registered rigone	81	Name		٦	
NEAL, SR., EDWARD L) (DO D. N. Maria	{	
130 SE 66 LN			82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
BUSHNELL FL 33513			83				
			84	City	85 Ziρ Code	\dashv	
			Ĩ	1	FL	_	
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was auth	iorized by	the corporation	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Classical and an airbol page of constant ages	t and title if applicable (NOTE: Pe	orietared Ane	nt eignatura require	red when reinstating) DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi			13.	gere a riger a grade a sequence a			
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	on	
NAME	NEAL, SR., EDWARD L		1.2 NAME			ļ	
STREET ADDRESS	130 SE 66 LN		1,3 STREE	TADDRESS			
CITY-ST-ZIP	BUSHNELL FL		1,4 CITY- S	T-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	on [
NAME	NEAL, VICEOLA	ı	2.2 NAME			Ì	
STREET ADDRESS	130 SE 66 LN	•	2.3 STREE	TADDRESS		ł	
CITY-ST-ZIP	BUSHNELL FL		2. 4 CITY-	ST- ZIP	. DAHE		
TITLE		☐ DELETE	3.1 TITLE	Ì	Change Addition	ן ייכ	
NAME			3,2 NAME				
STREET ADDRESS	ia.		ŀ	T ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-3	ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ DEFELE	4.1 TITLE	Ì	Counties Cluddin		
NAME			4, 2 NAME				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	91-ZIP	Change Additi		
NAME		C) Details	5.2 NAME				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition