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 # H39975 1. Corporation Name

PIONEER JANITORIAL AND MAINTENANCE, INC.

							_			
Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12350 AUTOMO	BILE BLVD	12350 AUTOMOBILE BLVD								
CLEARWATER FL 34622		CLEARWATER FL 34622					DO NOT WRITE IN THIS SPACE			
US		ยร					3. Date Incorporated or Qualifed			
							01/28/1985			
a Deieniaal Di	lace of Business	2a Mailing A	ddraee				4. FEI Number	- 11	Applied For	-Į
Z. Principal Pi	lace of business	2a. Mailing Address					59-2493015		Not Applicable	1
Suite, Apt.	# 616	 _	Suite, Apt. #, etc.						Additional	┪.
_ ` `	#, etc.	⊢	27				5. Certifcate of Status Desired	Fee	Required	1 2-
City & State	•		City & State				6. Election Campaign Financing	\$5.0	0 May Be	7
–	o	28	⊢ , ′				Trust Fund Contribution	•	d to Fees	1
23 Zip	Country	Zip		Count	rv		8. This corporation owes the current year Inta			1
¬ '		29	¬ ¯ ˙			Personal Property Tax.		Yes	□No	
24	9. Name and Address of Currer			<u>, , , , , , , , , , , , , , , , , , , </u>			10. Name and Address of New Registered	/ 		7
	3. Raille and Address of Curren	it itegisteree_Age		8	1 Na	ne				1
POLI	lard, linda H.				2 Str					4
	O AUTOMOBILE BLVD					et Addre	ress (P.O. Box Number is Not Acceptable)			
	ARWATER FL 34622				3					-
					٦					_]
				8	4 Cit	/	EI	85 Zij	p Code	
			-1	- 41 1			oration submits this statement for the purpose of	changing	ite registered	4
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such c	hanoe was auti	horized L	ov the c	onporatio	n's board of directors. I hereby accept the appoir	ıtment as	registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: R	egistered A	ent signa	ure required	when reinstating) DATE			١,
12,		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12] }
TITLE	PT		DELETE	1.1 TITLE	=			Chang	e 🔲 Addition	7 ;
NAME	POLLARD, LINDA H		1.2 N		E					1 ;
STREET ADDRESS	ACTO COLOUBANIED IN		1.3 \$		STREET ADDRESS					13
	CLEARWATER FL				-ST-ZIP					13
CITY-ST-ZIP TITLE	VSD		DELETE	2.1 TITLE				☐ Chang	e Addition	J 3
NAME	POLLARD, LINDA H.	_							•	
	1573 COACHMAKER LN.				EET ADDR	E66				
STREET ADDRESS	CLEARWATER FL	-		- 0	-ST-ZIP					=
CITY-ST-ZIP	CLLANVAICHTE		DELETE	3.1 TITL				☐ Chang	e	7
TITLE				3.2 NAM				_ •	_	
NAME					-	Eee .	·			-
STREET ADDRESS					ET ADOR	233				
CITY-ST-ZIP) DELETE	4.1 TITL	-ST-ZJP			☐ Chang	e	ᆟ
TITLE		L	DELETE	4.1 IIIL				واست. ب		
NAME					_					
STREET ADDRESS					ET ADOR	ESS				
CITY-ST-ZIP			7.051.575	_	-ST-ZIP			☐ Chang	e	
TITLE		L	DEFELE	5.1 TITU			:		· · ·	`[
NAME				5.2 NAM					•	1
STREET ADDRESS				B .	EET ADDR	ESS				-
CITY-ST-ZIP			7		-ST-ZIP	 -				4
TITLE		[DELETE	6.1 TITL		1		☐ Chang	je 🗌 Addition	'
NAME	1			6.2 NAM						ļ
STREET ADDRESS				6.3 STR	EET ADDR	ESS	•			
CITY-ST-ZIP				6.4 CITY	-ST-ZIP					_]

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.

SIGNATURE:

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90019 030 ***150.00