

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H54825 (5)

1. Corporation Name

DISCOVERY-JANITORIAL SERVICES, INC.



Principal Place of Business

% EDWARD G. DE LUDE
103 EAST LAUREN CT.
FERN PARK FL 32730

Mailing Address

% EDWARD G. DE LUDE
103 EAST LAUREN CT.
FERN PARK FL 32730

2. Principal Place of Business

21 1042 Lone Palm Dr

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

24 Zip

Country

25 Florida

2a. Mailing Address

26 345 E. St 486

Suite, Apt. #, etc.

27 City & State

28 Fern Park FL

29 Zip

Country

30 Denmale

g. Name and Address of Current Registered Agent

DE LUDE, EDWARD G.
103 EAST LAUREN COURT
FERN PARK FL 32730

3. Date Incorporated or Qualified

05/02/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2539629

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)

345 E. St 486

83 Suite 101

84 Fern Park

FL

85 Zip Code

32730

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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature of Registered Agent (Signature required when re-stating)

4/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOPEZ, MARIA
1042 LONE PALM DR.
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LOPEZ, JOSE
1042 LONE PALM DR.
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/30/96

Date

273-1584

Daytime Phone #

CR2E034 (12/95)