FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

MAY 10 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H97231 (5)

1 Corporate Name
ALL AMERICAN JANITORIAL SERVICES, INC.

Principal Place of Business
9216 NILE DRIVE
NEW PORT RICHEY FL 34655

Mailing Address
9216 NILE DRIVE
NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip
24
County
25

2a Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2633827 ☐ 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

WISMER, HARRY R.
9216 NILE DRIVE
NEW PORT RICHEY FL 34655

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 [signature: Harry R. Wismer]

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WISMER, HARRY R.
STREET ADDRESS	9216 NILE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	ST
NAME	WISMER, GWEN M.
STREET ADDRESS	9216 NILE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: [signature: Harry R. Wismer] 5/2/95 813 847 8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0372661 CP

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

APPROVED AND FILED

DOCUMENT # H97320 (6)

1. Corporation Name
WALDEN LAKE REALTY, INC.

Principal Place of Business	Mailing Address
1602 W. TIMBERLANE DR. P.O. BOX 2270 PLANT CITY FL 33564	1602 W. TIMBERLANE DR. P.O. BOX 2270 PLANT CITY FL 33564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1986
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2009355 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1701 S. Alexander	26 1701 S. Alexander
Suite, Apt. #, etc. 22 Suite 113	Suite, Apt. #, etc. 27 Suite 113
City & State 23 Plant City, FL	City & State 28 Plant City, FL
Zip 24 33567 — Country 25 USA	Zip 29 33567 — Country 30 USA

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

HOFFMAN, ALFRED, JR.
1602 W. TIMBERLANE
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: Hoffman, Alfred Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1701 S. Alexander
83 Suite 113
84 City: Plant City FL 85 Zip Code: 33567

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 Alfred Hoffman, Jr. — 4/28/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D — [X] Change [ ] Addition
NAME	HOFFMAN, ALFRED, JR.	12 NAME	Hoffman, Alfred Jr.
STREET ADDRESS	1602 W. TIMBERLANE	13 STREET ADDRESS	1701 S. Alexander, Suite 113
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	Plant City, FL 33567
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95 — Date
(813) 631-3211 — Daytime Phone #

0441301 FP