
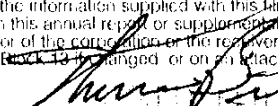


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J65672 (4)</b> 1. Corporation Name <b>BUDGET JANITORIAL AND MAINTENANCE, INC.</b>					
Principal Place of Business <b>5305 CHRISTIANCY AVE</b> <b>PORT ORANGE FL 32127</b> <b>US</b>		Mailing Address <b>PO BOX 4861</b> <b>PORT ORANGE FL 32121</b> <b>US</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/06/1987</b> 3a. Date of Last Report <b>05/16/1996</b> 4. FEI Number <b>59-2768356</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>BISESI, THOMAS S</b> <b>5305 CHRISTIANCY AVE</b> <b>PORT ORANGE FL 32127</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISESI, THOMAS S.		1.2 NAME		
STREET ADDRESS	5305 CHRISTIANCY AVE		1.3 STREET ADDRESS		
CITY- ST- ZIP	PORT ORANGE FL		1.4 CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISESI, MARILYN		2.2 NAME		
STREET ADDRESS	5305 CHRISTIANCY AVE		2.3 STREET ADDRESS		
CITY- ST- ZIP	PORT ORANGE FL		2.4 CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMONS, PATRICIA A		3.2 NAME		
STREET ADDRESS	1411 W. HARNDEN RD.		3.3 STREET ADDRESS		
CITY- ST- ZIP	PORT ORANGE FL		3.4 CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEAKE, ALICIA M		4.2 NAME		
STREET ADDRESS	5305 CHRISTIANCY AVE.		4.3 STREET ADDRESS		
CITY- ST- ZIP	PORT ORANGE FL		4.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		
14. I do 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 or changed, or on an attachment with an address.					
SIGNATURE:  <b>THOMAS BISESI</b> 1-18-97 904-767-5220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2ED34 (9/96)