

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J65672** (4)
1. Corporation Name
BUDGET JANITORIAL AND MAINTENANCE, INC.



Principal Place of Business	Mailing Address
5305 CHRISTIANCY AVE 302 AUTUMN TRAIL PORT ORANGE FL 32127 US	PO BOX 4861 PORT ORANGE FL 32121 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5305 CHRISTIANCY AVE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PORT ORANGE FL	28 City & State
24 32127	29 Zip
25 U.S.	30 Country

3. Date Incorporated or Qualified	
04/06/1987	
4. FEI Number	Applied For
59-2768356	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BISESI, THOMAS S
5305 CHRISTIANCY AVE
PORT ORANGE FL 32127**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISESI, THOMAS S.	
STREET ADDRESS	5305 CHRISTIANCY AVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BISESI, MARILYN	
STREET ADDRESS	5305 CHRISTIANCY AVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMMONS, PATRICIA A	
STREET ADDRESS	1411 W. HARDEN RD.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEAKE, ALICIA M	
STREET ADDRESS	5305 CHRISTIANCY AVE.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PEAKE, ALICIA M.
4.3 STREET ADDRESS	112 COLINA PL
4.4 CITY-ST-ZIP	ORLANDO BEACH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Marilyn Bisesi* **MARILYN BISESI** **1-18-98** **2-11-98**

CR2E034 (10/97)