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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J67412 (3)

1. Corporation Name
JANITROL, INC.

Principal Place of Business

C/O THOMAS J. AULT
440 DAVENPORT AVE N.E.
ST. PETERSBURG FL 33702
US

Mailing Address

C/O THOMAS J. AULT
440 DAVENPORT AVE N.E.
ST. PETERSBURG FL 33702-7642
US

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
04/23/1996

4. FEI Number

59-2800931

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

AULT, THOMAS J.
440 DAVENPORT AVE N.E.
ST. PETERSBURG FL 33702

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

Thomas J. Ault
Registered Agent signature required when reinstating

(NOTE: Registered Agent signature required when reinstating)

DATE

March 12, 1997

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE
NAME AULT, THOMAS J.
STREET ADDRESS 440 DAVENPORT AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DVS ☐ DELETE
NAME AULT, MARY JOSEPHINE
STREET ADDRESS 440 DAVENPORT AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG 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

1.1 TITLE DVS ☒ Change ☐ Addition
1.2 NAME AULT, THOMAS J.
1.3 STREET ADDRESS 440 DAVENPORT AVE NE
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

2.1 TITLE DPT ☒ Change ☐ Addition
2.2 NAME AULT, MARY JOSEPHINE
2.3 STREET ADDRESS 440 DAVENPORT AVE NE
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

Mary Josephine Ault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY JOSEPHINE AULT

3-12-97

Date

813-526-3934

Daytime Phone #

CR2E034 (9/96)