SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K17051** **(9)**

1. Corporation Name
DUST BUSTERS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
4126 AUTREY AVE W JACKSONVILLE FL 32210	4126 AUTREY AVE W JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 02/29/1988
3a. Date of Last Report: 06/28/1995

4. FEI Number: 59-2875167 ☐ 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	2a. Mailing Address
21 12935 Deep Lagoon Pl. E	26 12935 Deep Lagoon Pl. E
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Jax. Fl. 32246
23 City & State: Jax. Fla. 3	28 City & State: Jax. Fla.
24 Zip: 32246 25 Country: U.S.A.	29 Zip: 32246 30 Country: U.S.A

9. Name and Address of Current Registered Agent

PERRY, JANET C.
4126 AUTREY AVE W
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: PERRY JANET C
82 Street Address (P.O. Box Number is Not Acceptable): 12935 DEEP LAGOON PLACE EAST
83
84 City: JACKSONVILLE FL 85 Zip Code: 32246

11. Pursuant to the provisions of Section(s) 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	PD	☑ Change ☐ Addition
NAME	PERRY, JANET C.		12 NAME	PERRY JANET C	
STREET ADDRESS	4126 AUTREY AVE W		13 STREET ADDRESS	12935 DEEP LAGOON PLACE EAST	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32246	
TITLE	VD	☐ DELETE	21 TITLE	VD	☑ Change ☐ Addition
NAME	PERRY, JOHN W.		22 NAME	PERRY JOHN W	
STREET ADDRESS	4126 AUTREY AVE W		23 STREET ADDRESS	12935 DEEP LAGOON PLACE EAST	
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	JACKSONVILLE FLORIDA 32246	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janet C. Perry Janet C. Perry 6-22-96 (904) 221-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132459 FP