

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT STATE
Sandra B. Houn,
Secretary of S
DIVISION OF CORPORATIONS

DOCUMENT # K72681
1. Corporation Name
JAYNE'S CLEANING SERVICE, INC.

(5)

FILED
Feb 25 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 431439 BIG PINE KEY FL 33043-1439		P.O. BOX 431439 BIG PINE KEY FL 33043-1439	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 03/10/1989	
4. FEI Number 65-0115495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
JURGENSEHN, JAYNE 5580 OVERSEAS HIGHWAY MARATHON FL 33050	

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JURGENSEHN, JAYNE
STREET ADDRESS	253 PIRATES RD.
CITY-ST-ZIP	LITTLE TORCH KEY, FL. 33042
TITLE	<input type="checkbox"/> DELETE
NAME	LOUISE CLINE BELL
STREET ADDRESS	3746 DRIFTWOOD ST
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PRESIDENT
1.2 NAME	JURGENSEHN, JAYNE
1.3 STREET ADDRESS	253 PIRATES RD.
1.4 CITY-ST-ZIP	LITTLE TORCH KEY, FL. 33042
2.1 TITLE	DIRECTOR
2.2 NAME	LOUISE CLINE BELL
2.3 STREET ADDRESS	3746 DRIFTWOOD ST
2.4 CITY-ST-ZIP	BIG PINE KEY, FL. 33043
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 in an attachment with an address.

SIGNATURE: Jayne Jurgensohn 1-26-98 (35) 872-8866
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0166766

CR2E034 (10/97)