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

PROFIT CORPORATION ANNUAL REPORT

1999

JAYNE'S CLEANING SERVICE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90038 003 ***150.00

|--|--|

Principal Place	e of Business	Mailing Address							
P.O. BOX 4314	39	P.O. BOX 431439	P.O. BOX 431439						
BIG PINE KEY	FL 33043-1439	BIG PINE KEY FL 33043-1439	3			DO NOT WRÍ	TE IN THIS	CDACE	
							E IN THIS		
						3. Date Incorporated or Qualifed			
						03/10/1989			nlind fine
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21 26						65-0115495			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	<u>·</u>
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_ Cou	ntry		This corporation owes the curr	ent year Inta		
24	25	29 3	0			Personal Property Tax.		[X] Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	egistered A	igent	
				81	Name				
	GENSOHN, JAYNE		ļ	82	Street Add	lress (P.O. Box Number is Not Accepta	ible)		
5580	OVERSEAS HIGHWAY				Ollect Add	indes (1 .O. Box (valles), is view lesspin	,		
MAR	RATHON FL 33050			83					
								T 1 =	
				84	City		FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes	the ab	bove-	-named corr	poration submits this statement for the	purpose of o	hanging its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	horized	by ti	he corporati	ion's board of directors. I hereby accep	it the appoin	tment as re	gistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered age		_	Agent	signature require	ed when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	DS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	-ICERS AIVI	Change	Addition
TITLE	P	C) Dereie	1.1 70					onlingo	
NAME	JURGENSOHN, JAYNE		1.2 NA						
STREET ADDRESS	253 PIRATES ROAD		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042		1.4 CI	IY-ST-	-ZIP				
TITLE	D	X DELETE	2.1 TIT	ΠE				☐ Change	☐ Addition
NAME	CLINEBELL, LOUISE	·	2.2 NA	ME					1
STREET ADDRESS	3746 DRIFTWOOD ST		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	BIG PINE KEY FL 33043		2.4 CI	ITY-ST	r-ZiP				
TITLE		☐ DELETE	3.1 TIT					☐ Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
	{			TY-ST					
CITY-ST-ZIP		☐ DELETE	4.1 TI		-211			Change	Addition
			4. 2 N						
NAME	1								
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	<u> </u>			TY-ST	-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TIT					change	
NAME	}		5.2 NA						
STREET ADDRESS	1		5.3 ST	REET	ADDRESS				i
CITY-ST-ZIP	Į.		5.4 CF	TY-ST-	-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				

6.4 CITY-ST-ZIP 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 office 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, with all other like empowered.

SIGNATURE:

305-872-8866