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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # L16347

(1)

DUSTBUSTER PARKING LOT MAINTENANCE, INC.

Principal Plac  * JAMES HARI	ris whigham	Mailing Address  Makes HARRIS WHIGH	IAM	·		
2240-11TH STREET N W WINTER HAVEN FL 33881 WINTER HAVEN FL 33881			-1344			
wu					<ol> <li>Date Incorporated or Qualified 09/14/1989</li> </ol>	3a. Date of Last Report 03/25/1996
·ı	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21] Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2971200	Not Applicable \$8.75 Additional	
22		27		Certificate of Status Desired	Fee Required	
City & State 23	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Cour	itry	This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		NAT NO.	10. Name and Address of New F	legistered Agent
	GHAM, JAMES HARRIS		1	Name		
2240		ļ	Street Ad	dress (P.O. Box Number is Not Accept	able)	
WIN	TER HAVEN FL FL 33881		1	B3		
			[1	34 City		FL 85 Zip Code
TOLE NAME STREET ADORESS	OFFICERS AN DP WHIGHAM, JAMES HARRIS 2240-11TH STREET N W	D DIRECTORS  DELETE	13. 1.1 THTL 1.2 NAM 1.3 STR		ADDITIONS/CHANGES TO OFF	Change Addition
CITY-ST-ZIP TITLE	WINTER HAVEN FL	DELETE	1.4 CITY 2.1 TITL	r-ST-ZIP		Change Addition
NAME		<u></u> v	2.2 NAM			C Orange C November
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP			2. 4 CIT	Y - ST - ZIP		
TITLE		DELETE	3.1 TITU			Change Addition
NAME STREET ADDRESS			32 NAM	eet address		
Diff - ST-ZiP			1	Y-SI-ZIP		
TITLE		☐ DELETE	4.1 TITL			Change Addition
N4ME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY - ST - ZIP		- I becare		r-ST-ZIP		
lifte		☐ DELETE	5.1 TiTt			Change Addition
NAME STREET ADDRESS			5.2 NAA K 2 CTD			
C TY - ST - ZiP				eet addriess (-St-Zip		
TITLE		DELETE	6.1 TITU			☐ Change ☐ Addition
NAME		_ <del>-</del>	6.2 NAM			
STREET ADDRESS				EET ADDRESS		
C(TY+ST+Z)P				r-ST-ZIP		
informatio	by certify that the information supplie or indicated on this annual report or a fficer or director of the corporation or on Block 12 or Block 13 if obanged, o	supplemental annual report is the receiver or trustee empoy	true and ac vered to ex	xemption stat courate and th ecute this rep	ed in Section 119.07(3)(i), Florida Statu at my signature shall have the same le or as required by Chapter 607, Florida	les. I further certify that the gal effect as if made under path; that Statutes; and that my name