FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L37901** **(0)**

1. Corporation Name

SUNNY DAYS JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address
% DAVID P. COZZOCREA P O BOX 4361 TALLAHASSEE FL 32315-1361	% DAVID P. COZZOCREA P O BOX 4361 TALLAHASSEE FL 32315-1361

3. Date Incorporated or Qualified: **01/01/1990**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **NOT APPLICATION** ☐ 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. Is corporation not subject for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COZZOCREA, DAVID P.
3160 HUNTINGTON WOODS BLVD
TALLAHASSEE FL 32303

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 1607.1508, 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. Said 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	COZZOCREA, DAVID P.		12 NAME
STREET ADDRESS	3160 HUNTINGTON WDS BLVD		13 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL		14 CITY-ST-ZIP
TITLE		☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP
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

14. I do hereby certify that the information supplied with this report is true, complete 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: David P. Cozzocrea 4/10/96 (904) 562-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)