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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L58968

1. Corporation Name

JOHNSON & JOHNSON JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address			
% JANICE JOHNSON 1800 NORTH ROME AVENUE "AMPA FL 33807	% JANICE JOHNSON 1800 NORTH ROME AVENUE TAMPA FL 33607			
Principal Place of Business	2a, Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State			

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90101 004 ***150.00



DO NOT WRITE IN THIS SPACE

						03/19/1990	ualifed		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			
21		26				59-3003572			Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				39 3003372			Not Applicable
City & Sta	Pto	27	<u> </u>	·		5. Certifcate of Status Des	ired 🗌		Additional Required
23	210	City & State				6. Election Campaign Fina	ncing	\$5.0	0 May Be
Zip		28}				Trust Fund Contribution	a 🗆		to Fees
-	Country	Zip	Cor	intry		8. This corporation owes th	e current vea		
24	25	29	30			Personal Property Tax.	., -	☐Yes	□No
	g. Name and Address of Currer	t Registered Agent				10. Name and Address of	New Registe	red Agent	
JOH	INSON, JANICE			81 Na	ame				
				82 St	root Add	- /T.O. D			
1800 NORTH ROME AVENUE TAMPA FL 33607			82		Street Address (P.O. Box Number is Not Acceptable)				
IAM	IPA FL 33607			83					
9								•	
			1	84 Cit	ty			85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 51						▝█▃▕▏▕	
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligate	of Florida, Such change was a	tes, the at	by the c	ned corpora corporation's	ation submits this statement for s board of directors. I hereby	or the purpose accept the ap	of changing it	s registered
			onda Statu	ites.		, , , , ,			-3-5-01-GU
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable as (5) 0.73							
12.	OFFICERS AND			Agent signa	ture required wi		DATE		
TITLE	CD	DELETE	13,			ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12
NAME	JOHNSON, JANICE	C: DECEIE	1.1 111	LE				Change	Addition
					I				
f			1.2 NA	ME					
STREET ADDRESS	1800 N ROME AVE			ME REET ADORI	ESS				
STREET ADDRESS			1.3 STF		ESS				
STREET ADDRESS	1800 N ROME AVE	☐ DELETE	1.3 STF	EETADORI Y-ST-ZIP	ESS			Channe	Ardition
STREET ADDRESS CITY-ST-ZIP	1800 N ROME AVE	☐ DELETE	1.3 STF	REET ADORI Y-ST-ZIP .E	ESS			☐ Change	☐ Addition
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Daytime Phone #