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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF SYATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L68408

(8)

PATSY JANITORIAL SERVICE INC.

Principal Plac	e of Business	Mailing Address				{	i Bibi: Bibil Bibil iggi	
		3599 DOTHAN AVE	· ·					
			809-7935					
						3. Date Incorporated or Qualified 3a, Date	of Last Report	
						04/26/1990 02/28	/1996	
2. Poncipal f	lace of Business	2a. Mailing Addres	ss			4. FEI Number	Applied For	
21		26				59-3002027	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	C	City & State			-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Gountry 25	Ζφ 29	30 Cou			8. This corporation has liability for intangible ta	x under s. 199.032, No	
9. Name and Address of Current Registered Agent				T		10. Name and Address of New Registered Agent		
FAIR, PATRICIA, D				81	Name			
3599 DOTHAN AVE. SPRING HILL FL 34609				82	Street Add	Address (P.O. Box Number is Not Acceptable)		
				Substitution of the substi				
				83				
				84	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida	Statutes, the	bove	-named cor	poration submits this statement for the purpose of c	hanging its registered	
othice or i	registered agent, or both, in the St im famour with, and accept the of	tate of Florida. Such chang oligations of, Section 607.0	e was authorize 505, Florida Sta	ea by stutes	the corpora 3.	ation's board of directors. I hereby accept the appoin	ntment as registered	
SIGNATURE	- atricia 1		wider			2/12/9	7	
Sign Fri Ott	Signature type. For printed name of registere	d agent and tox if applicable	INOTE Register		int signature requ	lired when reinstating) DATE		
12.	T			13.		ADDITIONS/CHANGES TO OFFICERS AND D		
T:TILE	0	DEL	TE 1.11	1.1 TITLE		L	Change Addition	
NAME	FAIR, PATRICIA D.			MAME				
STREET ACORESS			STREET	ADDRESS				
CITY - ST - ZiP	SPRING HILL FL			TY-S	T - ZIP			
TITLE		☐ DELI	2.11	ITLE	ŀ	Ĺ	Change Addition	
NAME:	1		221	AME	ĺ			

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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6.4 CITY-ST-ZIP 14. I do 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 on an attachment with an address.

STREET ADDRESS

C-17 - \$1 - 7/P

CITY - 51 ZIF

STREET ACIONESS

CITY ST 7if

C!TY-\$1-ZIP 1011.6

STREET ACORESS

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352-686-1969

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Mar 28 1997 8:00am

Secretary of State

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