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 # **P20685** **(4)**

1. Corporation Name

HOSPITAL HOUSEKEEPING SYSTEMS OF HOUSTON, INC.

Principal Place of Business	Mailing Address
2401 WEST BAY DRIVE STE 121 LARGO FL 34640	2401 WEST BAY DRIVE STE 121 LARGO FL 34640

3. Date Incorporated or Qualified: **08/29/1988**
3a. Date of Last Report: **03/21/1995**

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

4. FEI Number: **74-1919389** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLOYD, ROBERT R.
504 CREEKVIEW CT.
LARGO FL 34640

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 607.1504, 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. Such 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		
1 TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPRY, THOMAS D., JR.		1.2 NAME		
STREET ADDRESS	15003 CROFTWOOD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP		
2 TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, ROBERT R., JR.		2.2 NAME		
STREET ADDRESS	504 CREEKVIEW CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
3 TITLE	TS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, CRAIG		3.2 NAME		
STREET ADDRESS	2217 DONATO DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLAIRE BCH FL		3.4 CITY-ST-ZIP		
4 TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPRY, JAMES D.		4.2 NAME		
STREET ADDRESS	7230 COMANCHE TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX		4.4 CITY-ST-ZIP		
5 TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THORNTON, ROY		5.2 NAME		
STREET ADDRESS	87 WILMINGTON DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY TX		5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to this report with an address.

SIGNATURE: Craig Holmes Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)