

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

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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 2401 WEST BAY DRIVE
STE 121 STE 121
LARGO FL 34840 LARGO FL 33770-4302

3. Date Incorporated or Qualified 08/29/1988 3a. Date of Last Report 02/13/1996
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

2. Principal Place of Business 2a. Mailing Address
21 1601 EAST BAY DR. 25 1601 EAST BAY DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 2 27 # 2
City & State City & State
23 LARGO FL 28 LARGO FL
Zip Country Zip Country
24 33771 25 33771 29 33771 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FLOYD, ROBERT R. 81 Name
504 CREEKVIEW CT. 82 Street Address (P.O. Box Number is Not Acceptable)
LARGO FL 34840 83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. 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 ROBERT R. FLOYD, CHAIRMAN/PRESIDENT 3/24/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRY, JAMES D.	4.2 NAME	
STREET ADDRESS	7230 COMANCHE TRAIL	4.3 STREET ADDRESS	2305 HARTFORD
CITY-ST-ZIP	AUSTIN TX	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* Date Daytime Phone #

CR2E034 (9/96)