

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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.

FILED
Aug 05 1998 8:00am
Secretary of State



Principal Place of Business
**1601 EAST BAY DR
#2
LARGO FL 33771
US**

Mailing Address
**1601 EAST BAY DRIVE
#2
LARGO FL 33771
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/29/1988

4. FEI Number
74-1919389

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **SPRY, THOMAS D., JR.**

STREET ADDRESS **15003 CROFTWOOD**

CITY-ST-ZIP **HOUSTON TX**

TITLE **P** ☐ DELETE

NAME **FLOYD, ROBERT R., JR.**

STREET ADDRESS **504 CREEKVIEW CT.**

CITY-ST-ZIP **LARGO FL**

TITLE **TS** ☐ DELETE

NAME **HOLMES, CRAIG**

STREET ADDRESS **2217 DONATO DR**

CITY-ST-ZIP **BELLAIRE BCH FL**

TITLE **D** ☐ DELETE

NAME **SPRY, JAMES D.**

STREET ADDRESS **2305 HARTFORD**

CITY-ST-ZIP **AUSTIN TX**

TITLE **V** ☐ DELETE

NAME **THORNTON, ROY**

STREET ADDRESS **87 WILMINGTON DRIVE**

CITY-ST-ZIP **MONTGOMERY TX**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TS** ☐ Change ☒ Addition

1.2 NAME **Lackey, Keith**

1.3 STREET ADDRESS **4969 Pointe Circle**

1.4 CITY-ST-ZIP **Oldsmar, FL. 34677**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Holmes, Craig**

2.3 STREET ADDRESS **2217 Donato Drive**

2.4 CITY-ST-ZIP **Bellaire Beach, FL. 34636**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 *Keith Lackey* 7-28-98 800-229-2020

CR2E034 (5/98)