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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90024 002 ***900.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27880

1. Corporation Name

JANI-KING OF FLORIDA, INC.

Principal Place of Business

**4950 KELLER SPRINGS RD
SUITE 190
DALLAS TX 75248-5929**

Mailing Address

**4950 KELLER SPRINGS RD
SUITE 190
DALLAS TX 75248-5929**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1990

4. FEI Number

59-2553896

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 16885 Dallas Parkway

Suite, Apt. #, etc.

22

City & State

23 Addison, Texas

Zip

24 75001

Country

25 U.S.

2a. Mailing Address

26 16885 Dallas Parkway

Suite, Apt. #, etc.

27

City & State

28 Addison, Texas

Zip

29 75001

Country

30 U.S.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VCSD** ☐ DELETE
NAME **CAVANAUGH, JIM**
STREET ADDRESS **4950 KELLER SPRINGS #190**
CITY-ST-ZIP **DALLAS TE**

TITLE **V** ☒ DELETE
NAME **KEARNS, MICHAEL P.**
STREET ADDRESS **4950 KELLER SPRINGS #190**
CITY-ST-ZIP **DALLAS TX**

TITLE **AS** ☒ DELETE
NAME **HUNTER, KAREN**
STREET ADDRESS **4950 KELLER SPRINGS, #190**
CITY-ST-ZIP **DALLAS TX**

TITLE **D** ☐ DELETE
NAME **CAVANAUGH, JAMES SR**
STREET ADDRESS **4950 KELLER SPRINGS, #190**
CITY-ST-ZIP **DALLAS TX**

TITLE **VP** ☐ DELETE
NAME **CLARK, GARRY**
STREET ADDRESS **4950 KELLER SPRINGS RD**
CITY-ST-ZIP **DALLAS TX 75248**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS **16885 Dallas Parkway**
14 CITY-ST-ZIP **Addison, Texas 75001**

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☒ Addition
31 TITLE **Assistant Secretary**
32 NAME **Denise Vicari**
33 STREET ADDRESS **16885 Dallas Parkway**
34 CITY-ST-ZIP **Addison, Texas 75001**

☒ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS **16885 Dallas Parkway**
44 CITY-ST-ZIP **Addison, Texas 75001**

☒ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS **16885 Dallas Parkway**
54 CITY-ST-ZIP **Addison, Texas 75001**

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

Denise Vicari

02-09-99 972-991-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)