

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 22 PM 3:04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700001495667
-05/22/95--01048--010
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P92000012724 (0)

1. Corporation Name

KP'S CARPET CARE/JANITORIAL INC.

Principal Place of Business

4247 RED OAK DRIVE
TALLAHASSEE FL 32311

Mailing Address

4247 RED OAK DRIVE
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2616358 593157020

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 4247 Red Oak Dr

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tall FL

28

Zip

Country

Zip

Country

24 32311

25

Leon

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH, PAUL SR
4247 RED OAK DRIVE
TALLAHASSEE FL 32311

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 607.0305, Florida Statutes.

SIGNATURE

Kenneth Paul

Kenneth Paul

M-21-95

Signature, typed or printed name of registered agent and day of appointment

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KENNETH, PAUL S R
STREET ADDRESS	4247 RED OAK DRIVE
CITY ST ZIP	TALLAHASSEE FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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:

Kenneth Paul

5-22-95

94 656874B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Mark