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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

SIGNATURE: _

P93000040898 (7)

MISHLER JANITORIAL, INC.										
Principal Place of Business Mailing Address								ina 40iai 00iil 0	1811 B3181 161	12 (DID) (211 (3) 1
			7468 WAYLAND BLV ORLANDO FL 32807-							
							3. Date incorporated or Qualified 06/03/1993	1	of Last Re 01/20/19	,
		1 4	La Trans Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
Principal Place of Business		26	2a. Mailing Address				59-3184111	Not Applicable		
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.							Additional
Build, MM. #,	etc.	27	Contol to the my con-				5. Certificate of Status Desired		Feaf	Required
City & State			City & State				6. Election Campaign Financing	<u></u>	\$5.0	May Be
·		28					Trust Fund Contribution			to Fees
Zip	Country		Zip	}	untry		8. This corporation has liability for		ıx under s	199.032,
	25	29		30			Florida Statutes Yes	S No	A annt	
	9. Name and Address of Current	Regi	stered Agent		81	Nome	10. Name and Address of New	Registered	Agent	
_					"	Name				
RONALD MISHLER					82 Street Add		ess (P.O. Box Number is Not Accepta	ble)		
7468 WAYLAND BLVD					83					
ORLAND	O FL 32807-6444									
					84	City		FL	85 Zg	o Code
<u> </u>	griature, typod or printed name of registered agent e OFFICERS AND			13.	TITLE		ADDITIONS/CHANGES TO OF		DIRECTO Change	FIS IN 12 Addition
LF	MICHIED DONALD I		☐ beccue		NAME			,		
ME	MISHLER RONALD J. 7468 WAYLAND BLVD.					ADDRESS				
REET ADDRESS TY-ST-ZIP	ORLANDO FL 32807-6444					ST-ZIP				
ILE	VP		DELETE		TITLE				Chançe	Addition
LME	MISHLER CONNIE			221	NAME					
REET ADURESS	7468 WAYLAND BLVD.			2.3	STREET	I ADDRESS				
Y-ST-ZIP	ORLANDO FL 32807-6444			240	CITY-S	ST-ZIP				
I.F	S		☐ DELETE		TITLE				Change	☐ Addition
AME	MISHLER CONNIE				NAME					
rréet adoress	7468 WAYLAND BLVD.					T ADDRESS				
IY-ST-ZIP	ORLANDO FL 32807-8444		DELETE		CITY - S TITLE	ST. ZIP			Change	Addition
ILF HAR			C presse		NAME			'		_
ME HEET ADDRESS						T ADDRESS				
						ST - ZIF				
TUE			DELETE		TITLE				Change	Addition
AMŁ .				5.2	NAME					
REET ADORESS				5.3	STREE	I ADDRESS				
TY-\$1-71F				5.4	CITY-:	ST-ZIP			<u> </u>	F**(4.445*
TLF .			DELETE	6 1	TITLE				Change	Addition
4ME					NAME					
TREET ADDRESS				1		1 ADDRESS				
11 Y - ST - ZIP		- 25	(1 e) 1 1 1 1 1 1 1 3 f	6.4	CITY-	ST-ZIP	for the exemption stated in Section 11	9.07(3)/W. FI	orida Stati	tes i further
certify that		ıal rep ration	ort or supplemental ar or the receiver or trus	nnuai repor tee empow			ate and that my signature shall have the second as required by Chapter 607,			

4-26-96 407-657-7654