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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300040898 (7)

MISHLER JANITORIAL, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1997 8:00am Secretary of State



7468 WAYLAND BLVD ORLANDO FL 32807-6444		7488 WAYLAND BLVD ORLANDO FL 32807-6444					
					3. Date Incorporated or Qualified 06/03/1993	3a. Date of L.	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3184111		Not Applicable
Suite Apt. # etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	75 Additional
22		27	_		5. Certificate of Status Desired	Fe Fe	ee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5	.00 May Be
23	······	28			Trust Fund Contribution	Fr1	ided to Fees
Ζιρ	Country	Zip	Count	γ	8. This corporation has liability for in	ntangible tay un	der s. 199.032,
24	25	[29]	30		Florida Statutes Yes No		
	9. Name and Address of C	urrent Registered Agent		11 Maria	10. Name and Address of New Reg	jistered Agent	
	IALD MISHLER		8	1 Name			
7468 WAYLAND BLVD			8	2 Street A	ddress (P.O. Box Number is Not Acceptable	le)	
ORL	ANDO FL 32807-6444		L			·	
			8	3			
			8	1	11 11 11 11 11 11 11 11 11 11 11 11 11		Zip Code
11. Pursuant office or ragent Ha	to the provisions of Sections 60 registered agent, or both, in the am familiar with and accept the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the abo authorized l orida Statut	ve-named c by the corpo es.	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of chang t the appointme	ing its registered nt as registered
SIGNATURE	<u></u>			····			
12.				gent signature re	equired when reinstating)	DATE DIDE	27050 11140
TITLE	P	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
NAME	, •	_ been	1.2 NAMI			LJ Chi	inge 🗀 Addition [
STREET ADORESS	MISHLER RONALD J.						
	7468 WAYLAND BLVD.			ET ADDRESS			ļ
CITY+ST+ZIF TITLE	ORLANDO FL 32807-6444 VP	DELETE	1.4 CITY 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	T T Chr	anpe Addition
NAME	1 **	Otter				UII	ange L Addition
STREET ADDRESS		SHLER CONNIE					
	7468 WAYLAND BLVD.		1	T ADDRESS			
CITY ST-ZIP TITLE	ORLANDO FL 32807-6444 S	DELETE	2. 4 CITY 3.1 TITLE			☐ Cha	inge Addition
NAME	. –						inge Di Adulton
STREET ADDRESS	MISHLER CONNIE		3.2 NAME	T ADDRESS	13	36.5	
CITY-ST-ZIP	7468 Wayland Blvd. Orlando Fl 32807-6444						
TITLE	UNDAINO FL SCOUL-0444	DELETE	3.4. CITY 4.1 TITLE			☐ Cha	inge Addition
NAME			4. 2 NAM				- Monton
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP							
THILE		DELETE	4.4 CITY - 5.1 TITLE	51-21		Cha	inge Addition
NAME		C) occur	5.2 NAME			المال المال	mgenudition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP							
TITLE		DELETE	5.4 CITY - 6.1 TITLE			☐ Cha	inge Addition
NAME		LJ OCCUL	1			L. Ulla	ingo LJ AUGIDON
STREET ADDRESS			6.2 NAME				
CITY - ST - ZIP				T ADDRESS			
0'11'01'E)[L		6.4 CITY	31"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:

Connied & Michael Connie S. Michler