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**Apr 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000044075 (8)

1. Corporation Name
P.M.S. COMMERCIAL CLEANING SERVICES, INC.



Principal Place of Business
**1029 REDOAK CIRCLE
BRANDON FL**

Mailing Address
**1029 REDOAK CIRCLE
BRANDON FL 33511-6269**

3. Date incorporated or Qualified **06/23/1993** 3a. Date of Last Report **09/27/1996**

2. Principal Place of Business
21 **140 Barrington Dr**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 1711**
Suite, Apt. #, etc.

4. FEI Number **65-0437232** Applied For
Not Applicable

22 City & State
23 **Brandon, FL**

27 City & State
28 **Brandon, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33511** 25 Country **USA**

29 Zip **33509-1711** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CONNORS, TIMOTHY P
1029 RED OAK CIRCLE
BRANDON FL 33511**

10. Name and Address of New Registered Agent
81 Name **Connors Timothy P**
82 Street Address (P.O. Box Number is Not Acceptable)
140 Barrington Dr
83
84 City **Brandon** FL 85 Zip Code **33511**

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, 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 | | DELETE |
|----------------------------|---------------------------|--------------------------|
| TITLE | PVTS | <input type="checkbox"/> |
| NAME | CONNORS, TIMOTHY P | |
| STREET ADDRESS | 1029 REDOAK CIRCLE | |
| CITY - ST - ZIP | BRANDON FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | PVTS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | Connors, Timothy P | | |
| 1.3 STREET ADDRESS | 140 Barrington Dr | | |
| 1.4 CITY - ST - ZIP | Brandon, FL 33511 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - 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.

CR2E034 (9/96)