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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000087553 (2)**

1. Corporation Name
PIONEER JANITORIAL SERVICE OF SUWANNEE VALLEY, I NC.

Principal Place of Business	Mailing Address
RTE 7, BOX 482 LIVE OAK FL 32060	RTE 7, BOX 482 LIVE OAK FL 32060-9807

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: 07/18/1996

2. Principal Place of Business
21 13333 76th Terrace
Suite, Apt. #, etc.
22
City & State
23 Live Oak , Florida
Zip 24 32060 Country 25 Suwannee

2a. Mailing Address
26 P. O. Box 431
Suite, Apt. #, etc.
27
City & State
28 Live Oak, Florida
Zip 29 32060 Country 30 Suwannee

4. FEI Number: 59-3217900 ☐ 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

9. Name and Address of Current Registered Agent

JOHNSON, JOSEPH H
RTE 7, BOX 482 13333 76th Terrace
LIVE OAK FL 32060 Live Oak, Fl 32060

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CAROL A RTE 7, BOX 482 , 13333 76th Terrace LIVE OAK FL 32060 Live Oak, Florida 3206	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JOSEPH H RTE 7, BOX 482, 13333 76th Terrace LIVE OAK FL 32060 Live Oak, Florida 32060	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MONICA D RTE 7, BOX 482 , 13333 76th Terrace LIVE OAK FL 32060 Live Oak, Florida 32060	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, RICHARD M ROUTE 7 BOX 482 , 13333 76th Terrace LIVE OAK FL Live Oak, Fl 32060	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, BRYAN P ROUTE 7 BOX 482, 13333 76th Terrace LIVE OAK FL Live Oak, Fl 32060	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Joseph H. Johnson Joseph H Johnson 2/6/97 (904) 362-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #