

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000010409 (8)

1. Corporation Name

CORBAN JANITORIAL SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:30

Principal Place of Business

1095 SHOTGUN RD.
SUNRISE FL 33326

Mailing Address

1095 SHOTGUN RD.
SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/03/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0468127

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

MURDOCH, ROBERT E ESQ.
790 E. BROWARD BLVD.
SUITE 400
FT. LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BANKSTON, LADORA
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326
TITLE	D
NAME	HERMANN, RICHARD F
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326
TITLE	D
NAME	HERMANN, LISA
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326
TITLE	D
NAME	WILLOCKS, JAMES S
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326
TITLE	D
NAME	SOSCIA, LOUIS E
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326
TITLE	D
NAME	SOSCIA, DIANE E
STREET ADDRESS	%1095 SHOTGUN RD.
CITY-ST-ZIP	SUNRISE FL 33326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
1.2 NAME	WALTER ESCARZAGA	
1.3 STREET ADDRESS	1095 Shotgun Road	
1.4 CITY-ST-ZIP	SUNRISE FL 33326	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an addendum with an address.

SIGNATURE:

Richard F Hermann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD F
HERMANN

1/9/95 3054243833
Date (Typed Name)