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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham etary of State DE CORPORATIONS

ANNUAL REPORT		Secre DIVISION O		
DOCUMENT # 1. Corporation Name	P9400001	10952 (
R.E.S. JANITORIAL	SERVICE INC.			



Principal Place of Business Mailing Address				1 100/100/ 1/10 10/1/ 5/1/ 50/1/ 50	illi edhil dehe		1918: 91119 [191 [5]			
1406 E. 23RD AVENUE 1406 E. 23RD AVENUE TAMPA FL 33605 TAMPA FL 33605										
						3. Date Incorporated or Qualified 02/07/1994	3a. Date	e of Last F 05/23/ 1	Report 1995	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-3256614	-l		Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	Not Applicable 5 Additional	
City & State		City & State				5. Certificate of Status Desired		Fee	Required	
23		28				Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be ed to Fees	
Zip	Country	Zip	Countr	y		8. This corporation has tiability for i	ntangikie ta			
24	25 9. Name and Address of Cur	29 29 Agent	30			Florida Statutes 🔲 Yes 🙀 No				
	g, viamo ana radoress di Qui	rent negistered Agent	81	ı I	Name	10. Name and Address of New R	egistered	Agent		
WOLFE, LARRY 200-A JOHN KNOX ROAD										
			82	1	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)			
TALLA	HASSEE FL 32303-6643		83	3						
			84	i 0	City		 :	85 Z	p Code	
11. Pursuant to or register	o the provisions of Sections 607.05 ad agent, or both, in the State of FI	02 and 607.1508, Florida Statut orida. Such change was authoria	tes, the above-	.L. nan oora	ned corporat	ion submits this statement for the purp of directors. I hereby accept the appo	FL pose of cha	inging its i	registered office	
	h, and accept the obligations of, So	ection 607.0505, Florida Statutes	5			о акселого. Глегору ассерт те арро	munent as	registered	agent. i am	
SIGNATURE: _	Signature, typed or printed name of registered ag	ent and other applicable (No	D1E: Registered Age	rit Siç	gnatura required v	rhen reinstating	DATE			
12.		AND DIFIECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	BS IN 12	
TITLE	P	[] DELETE	1. 1 TITLE] Change	Addition	
NAME STOCKE ADDRESS	PEREZ, RAYMON B		12 NAME							
STREET ADDRESS DITY-ST-ZiP	1409 E. 23RD AVENUE TAMPA FL		1.3 STREF							
TITLE	V	DELETE	1.4 CITY - 9	ST - 7	IP					
NAME	STERLING, ELY	CJ OLKETE	2 1 7111.6				Ε] Change	Addition	
STREET ADDRESS	13447 GOVERNORS DRIV	Æ	2.2 NAME	1.400	DUECO				ŀ	
CITY-ST-ZIP	TAMPA FL	, _	2 3 STREET 2 4 CITY - S						1	
TITLE		DELETE	3.1 T.TLE	51-1	r] Change	Addition	
NAME			3.2 NAME				L.	j Ghange	L vocition	
STREET ADDRESS			3.3 STREE	I ADI	DRESS					
CITY-ST-ZIP			3.4 CHY- S						ĺ	
TITLE		DELETE	4 1 TITLE				г) Change	☐ Addition	
NAME			4.2 NAME				_	,g-		
STREET ADDRESS			4 3 STREET	ADD	DRESS					
CITY-ST-ZIP			4.4 CITY - S	1 - Z0	P					
TOTLE		DELETE	5 1 TIFLE				E] Change	Addition	
NAME			5.2 NAME					-	_	
STREET ADDRESS			5.3 STREET	ADD	RESS					
CITY - ST - ZIP			5.4 CITY-S	T - ZII	Р					
TITLE		DELETE	6. 1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			63 STREET	ADDI	RESS					
14. I do hereby	certify that the information supplier	with this filma is voluntarily forced	64 CITY-S	7 - ZIF	o la constituta de	he exeruption stated in Section 110.0				

certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed a physician with an address. SIGNATURE AND TYPED OF

SIGNATURE: (

OFFICER OR DIRECTOR

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