

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022096 (9)**

1. Corporation Name

**ANDRES AND BOBBYS JANITORIAL SERVICE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2666 NUMILLA DR ORLANDO FL 32839-5244	2666 NUMILLA DR ORLANDO FL 32839-5244

3. Date Incorporated or Qualified <b>03/22/1994</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3255374</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>TATE, TOMMY</b> 2666 NUMILLA DR ORLANDO FL 32839-5244		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 date of application) \_\_\_\_\_  
 NOTE: Registered Agent signature required when reappointing \_\_\_\_\_  
 DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PIT/S
NAME	TATE, AGNES D	1.2 NAME	TATE, Tommy L
STREET ADDRESS	2666 NUMILLA DR	1.3 STREET ADDRESS	2666 Numilla Dr.
CITY - ST - ZIP	ORLANDO FL 32839-5244	1.4 CITY - ST - ZIP	Orlando, FL 32839-5244
TITLE		2.1 TITLE	V/D
NAME		2.2 NAME	TATE, AGNES D
STREET ADDRESS		2.3 STREET ADDRESS	2666 Numilla Dr.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Orlando, FL 32839-5244
TITLE		3.1 TITLE	DTM
NAME		3.2 NAME	TATE, Bobby L
STREET ADDRESS		3.3 STREET ADDRESS	5256 Airman Dr.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Orlando, FL 32839-5244
TITLE		4.1 TITLE	C
NAME		4.2 NAME	TATE, ANDRE
STREET ADDRESS		4.3 STREET ADDRESS	5659 Nokomis Dr.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Orlando, FL 32839-5244
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: Golly J. Tate Manager 3/08/95 (407) 859-0371  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed) (Printed Name)