

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000062906 (0)

1. Corporation Name

DEMERS TOTAL JANITORIAL SERVICE INC.

Principal Place of Business

11500 SE FEDERAL HWY #7
HOBE SOUND FL 33455

Mailing Address

11500 SE FEDERAL HWY #7
HOBE SOUND FL 33455

FILED

95 JUL 14 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

4. FEI Number

65-0516682

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

2. Principal Place of Business

21 7106 SE OSPREY ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

Hobe Sound FL

27 City & State

28 City & State

24 Zip

33455

25 Country

MARTIN

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DEMERS, JOHN P
11500 SE FEDERAL HWY #7
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11090 SE FEDERAL HWY # 11

83

84 City

Hobe Sound

FL

85 Zip Code

33455

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 signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEMERS, JOHN P
STREET ADDRESS 11500 SE FEDERAL HWY #7
CITY - ST - ZIP HOBE SOUND FL 33455

TITLE D
NAME DEMERS, TERI L
STREET ADDRESS 11500 SE FEDERAL HWY #7
CITY - ST - ZIP HOBE SOUND FL 33455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS 11090 SE FEDERAL HWY # 11
1 4 CITY - ST - ZIP

2 1 TITLE ☒ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS 11090 SE FEDERAL HWY # 11
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed by an attachment with an address.

SIGNATURE:

JOHN P DEMERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

407-546-5933