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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90073 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000062906

1. Corporation Name

DEMERS TOTAL JANITORIAL SERVICE INC.

Principal Place of Business

11090 S.E. FEDERAL HWY #11  
HOBE SOUND FL 33455  
US

Mailing Address

11090 SE FEDERAL HWY #11  
HOBE SOUND FL 33455  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 303 SW NABBLE AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.  
SAME

23 City & State

PORT ST LUCIE FL

28 City & State

PORT ST LUCIE FL

24 Zip Country

34953 ST. LUCIE

29 Zip Country

30

9. Name and Address of Current Registered Agent

DEMERS, JOHN P  
11090 SE FEDERAL HWY #11  
HOBE SOUND FL 33455

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

☐ DELETE

TITLE D  
NAME DEMERS, JOHN P  
STREET ADDRESS 11090 SE FEDERAL HWY #11  
CITY-ST-ZIP HOBE SOUND FL

☐ DELETE

TITLE D  
NAME DEMERS, TERI L  
STREET ADDRESS 11090 SE FEDERAL HWY #11  
CITY-ST-ZIP HOBE SOUND FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 303 SW NABBLE AVE  
1.4 CITY-ST-ZIP PORT ST. LUCIE FL 34953

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 303 SW NABBLE AVE.  
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34953

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DEMERS

1-20-99 561 344-6721

Date

Daytime Phone #

CR2E034 (11/98)