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STATE DEPT. OF STATE
DIVISION OF CORPORATIONS

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1995



DOCUMENT # P94000086808 (0)

BROOM SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 95 CHATSWORTH PLACE NEWNAN GA 30265	Mailing Address 95 CHATSWORTH PLACE NEWNAN GA 30265
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3. Date Incorporated or Qualified 11/28/1994	3a. Date of Last Report
4. FEI Number 58-2133273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 666 Park Shore Dr. State, Apt. #, etc.	26. 3106 Tamiami Trail N. State, Apt. #, etc.
22. City & State NAPLES, Florida	27. Suite 135 City & State NAPLES, Florida
24. F 33940 Zip	25. U.S.A. Country
29. 33940 Zip	30. U.S.A. Country

9. Name and Address of Current Registered Agent

COX, JOEL M
229 STILLWATER CT.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name William Kent Barron
82 Street Address (P.O. Box Number is Not Acceptable) 666 Park Shore Drive
83
84 City NAPLES
85 FL
86 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0105 and 607.1505, 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: W. Kent Barron W. Kent Barron, President 2-22-95

12. OFFICERS AND DIRECTORS

1. NAME	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	William Kent Barron	
3. STREET ADDRESS	666 Park Shore Dr.	
4. CITY, ST, ZIP	NAPLES, FL. 33940	
5. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the enclosed information is complete, true and accurately furnished and does not apply for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the enclosed information is the original or a true and accurate copy and that my signature shall have the same legal effect as if made under oath. I am duly qualified to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the Florida Franchise Disclosure Document attached to this report.

SIGNATURE: William Kent Barron Pres. William Kent Barron 2/22/95 813-644-9939