

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

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STATE DEPT. OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4:16

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

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report: Applied For Not Applicable
4. FEI Number: 58-2133273
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. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. 666 Park Shore Dr. State, Apt. #, etc.: 26. 3106 Tamiami Trail N. State, Apt. #, etc.: 27. Suite 135 City & State: 22. NAPLES, Florida City & State: 28. NAPLES, Florida City & State: 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. City: NAPLES FL 85. Zip Code: 33940

11. I, the undersigned, as Secretary, President, or other officer 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	NAME
4	NAME
5	NAME
6	NAME
7	NAME
8	NAME
9	NAME
10	NAME
11	NAME
12	NAME
13	NAME
14	NAME
15	NAME
16	NAME
17	NAME
18	NAME
19	NAME
20	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	NAME	
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, as Secretary, President, or other officer 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: William Kent Barron Pres. William Kent Barron 2/22/95 813-649-9939