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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	Mailing Address
95 CHATSWORTH PLACE NEWNAN GA 30265	95 CHATSWORTH PLACE NEWNAN GA 30265

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 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	27. Suite 135 City & State
23. NAPLES, Florida Zip Country	28. NAPLES, Florida Zip Country
24. F 33940	25. U.S.A.
29. 33940	30. U.S.A.

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 Zip Code	FL 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
DATE: 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	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. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		
9. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		

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 111.07(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 aware of the consequences of the foregoing and hereby empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the enclosed information with an address.

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