

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000016371 (3)

1. Corporation Name  
**BS JANITORIAL, INC.**



Principal Place of Business: 191 1ST STREET S.W. NAPLES FL 33969  
Mailing Address: 191 1ST STREET S.W. NAPLES FL 33969

3. Date Incorporated or Qualified: 02/24/1995  
3a. Date of Last Report  
4. FFI Number: 65-055 9614  
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 (21-23)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: SCHUENEMAN, BARBARA, 191 1ST STREET S.W., NAPLES FL 33969  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President	NAME: BARBARA Schueneman	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 191 1st Street SW.	CITY-ST-ZIP: NAPLES, FL. 33964	2. NAME: _____	
TITLE: N/A	NAME: _____	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4. NAME: _____	
TITLE: _____	NAME: _____	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6. NAME: _____	
TITLE: _____	NAME: _____	7. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	8. NAME: _____	
TITLE: _____	NAME: _____	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	10. NAME: _____	
TITLE: _____	NAME: _____	11. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	12. NAME: _____	
TITLE: _____	NAME: _____	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	14. NAME: _____	

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 if changed, or on an attachment with an address.

SIGNATURE: Barbara Schueneman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

CR2E034 (12/95)