FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017194 (8)

RAM-CHEM JANITORIAL SERVICES, INC.

Principal Place of Business

Mailing Address

17306 CEMETERY ROAD SPRING HILL FL 34610 17306 CEMETERY ROAD SPRING HILL FL 34610-3017 FILED
May 08 1997 8:00am
Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1995 07/03/1996					
2. Principal Pi	iace of Business	2a. Mailing Address				4. FEI Number	1	An	plied For		
21	26				59-3294252		Not Applicable				
Suite, Apt #, etc Suite, Apt. #			atc.			5. Certificate of Status Desired	\$0.75 Additional				
22		27									
City & State	o O	City & State				Election Campaign Financing Trust Fund Contribution			May Be o Fees		
Zip				ountry 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes No							
24 25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes XYes Li No 10. Name and Address of New Registered Agent						
A 81 4F		n Hegistered Agent		81	Name	10. Name and Address of New Registers	1 Agent	·····			
MURRAY, HERBERT F					Ivaine						
17306 CEMETERY ROAD					82 Street Address (P.O. Box Number is Not Acceptable)						
SPRING HILL FL 34610				83							
	,			84	City	F	85	Zip (Code		
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 ogistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	utes, the a s authorize lorida Sta	bove d by tutes	e-named of the corp s.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of chan pointme	ging it ent as	s registered registered		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE Registere	ed Age	ent signature i	required when reinstating) DATE		•• ••			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12		
TITLE	PD	☐ DELETE	111	ITLE		· · · · · · · · · · · · · · · · · · ·	CI	hange	Addition		
NAME	MURRAY, HERBERT F			IAME	1			-			
STREET ADORESS	17306 CEMETERY ROAD				ADDRESS						
	SPRING HILL FL										
COY-ST-ZIF					T-ZIP		CI	hanna	Addition		
TITLE	MURRAY, H ARRIET			2.1 TITLE 2.2 NAME			C. 0	Harri Mc			
NAME	17306 CEMETERY ROAD										
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS							
CITY-ST-ZIP	SPRINGHILL FL			2. 4 CITY-ST-ZIP							
11TLF	☐ D€LETE			3.1 TITLE		17	CI	nange	Addition		
NAME			3.2 N	AME	1	•			ļ		
STHEET ADDRESS			3.3 S	TREET	ADDRESS						
CITY - ST- ZIP			3.4. 0	CITY-:	ST-ZIP						
TITLE		DELETE	4.1 T	ITLE			CI	hange	Addition		
NAME			4.21	NAME							
STREET ADDRESS			- 1		ADDRESS				\		
City - St - ZiP					ST-ZIP						
TILLE		DELETE	5,1 7				C	hange	Addition		
NAMÉ			•	AME	- 1			•			
					ADDRESS						
STREET ADDRESS									1		
CITY - ST - ZIF		DELETE			ST-ZIP		C	hanne	Addition		
TITLE		L Otitic	6.17				ان ت	nanye	L ABUNUT		
NAME			6.2 N								
STREET ADDRESS			6.3.5	TREET	ADDRESS						
CHY-ST-ZIP	by costd, that the information cumple				ST-ZIP	totad in Section 140 07(2Vi) Elevida Statuton I furth					

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:

SIGNATURE REQUIRED

4-21.97 (352) 759992