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

CORPORATION ANNUAL REPORT

1998

MURRAY, HERBERT F 17306 CEMETERY ROAD

SPRING HILL FL 34610



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017194 (8)

9. Name and Address of Current Registered Agent

RAM-CHEM JANITORIAL SERVICES, INC.

Mailing Address Principal Place of Business 17308 CEMETERY ROAD 17306 CEMETERY ROAD SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3294252 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 🔲 24 25 29

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

61 Name

83

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE MURRAY, HERBERT F 1.2 NAME NAME 17306 CEMETERY ROAD 1.3 STREET ADDRESS STREET ADORESS SPRING HILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MURRAY, H ARRIET 2.2 NAME NAME 17306 CEMETERY ROAD 2.3 STREET ADDRESS STREET ADDRESS SPRINGHILL FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

4/24/94 (352)7549920 SIGNATURE HUMEN & MILLIAN HENDEN F. HUMAY

Applied For

Fee Required

Zip Code

85

Not Applicable

FILED

May 08 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)