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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000017194

1. Corporation Name

RAM-CHEM JANITORIAL SERVICES, INC.

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90085 039 \*\*\*150.00



						4		41, <b>81</b> 4(1), <b>86</b> (18) (		1868 1861 BIBS 1886
Principal Place of Business Mailing Address										
17306 CEMETERY ROAD 17306 CEMETERY ROAD						}				
SPRING HILL FI	L 34610	SPRING HILL FL 34610				DO NOT WRITE IN THIS SPACE				
							Date Incorporated or Qualifed	L 114 11.110 .	JI AUL	
						] 3.	03/01/1995			
9 Dringing Di	lace of Business	2a. Mailing Address				1	FEI Number			Applied For
	de di Busilless	<del></del>				T.	59-3294252		-	Not Applicable
21] Suite Ant	# etc	Suite, Apt. #, etc.			<del></del>	+-	38 3284232			5 Additional
Suite, Apt.	#, etc.	27				5.	Certifcate of Status Desired			Required
City & State		City & State				-	Election Campaign Financing			0 May Be
<b>-</b> ¬¬ '	,	28				B.	Trust Fund Contribution			ed to Fees
<b>23</b>   Zip	Country	Zip	Count	rv			This corporation owes the curre	ent vear Inta		
24	25	· .	30	,		\ <b>0</b> .	Personal Property Tax.	on your mo	Yes	□No
24	9. Name and Address of Curre	<del></del>	<del>50</del> 1	_		10.	Name and Address of New R	egistered A	Agent	
			8	11	Name					
MUR	ray, Herbert F		<u> </u>	_						
17306 CEMETERY ROAD			) s	2	Street Addre	Address (P.O. Box Number is Not Acceptable)				]
SPRI	NG HILL FL 34610		la	3						
			8	4	City			FL	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ve-	-named corpo	ration	n submits this statement for the	purpose of o	changing	its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthorized b	y ti	he corporation	n's bo	pard of directors. I hereby accep	t the appoin	tment as	registered
•	m laminar with, and accept the obing	audits of, deciron our loves, i lor	ioa Olaian							- 1
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Ag	gent	signature required	when r	einstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			,	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	-	-	-			Chang	ge 🔲 Addition 🗎
NAME	MURRAY, HERBERT F		1.2 NAMI	Ε						l
STREET ADDRESS	17306 CEMETERY ROAD		1.3 STRE	ET A	ADDRESS					ĺ
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY	-81-	-ZIP					
TITLE	ST	☐ DELETE	2.1 TITLE	_			<u> </u>		Chang	ge 🔲 Addition
NAME	MURRAY, H ARRIET		2.2 NAM	E						}
STREET ADDRESS	17306 CEMETERY ROAD		2.3 STREET		ADDRESS					
CITY-ST-ZIP	SPRINGHILL FL		2. 4 CITY-S		l l					
TITLE		DELETE 3.1T							Chang	ge Addition
NAME		•	3.2 NAM		}					1
STREET ADDRESS	l :				ADDRESS					
1			3.4 CiTY		]					j
CITY-ST-ZIP TITLE	<u>                                     </u>	☐ DELETE	4.1 TITLE	_					☐ Chang	ge Addition
NAME			4, 2 NAM							1
	l				ADDRESS					l
STREET ADDRESS										]
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLE	_	· ZIF				Chang	ge Addition
TITLE			5.1 IIILE							
NAME	1				ADDRESS					Į.
STREET ADDRESS			5.4 CITY							ļ
CITY-ST-ZIP		☐ DELETE	6.1 T/TLE						Chang	ge Addition
TITLE		€ DELETE	6.2 NAM							,
NAME			1		ADDRESS					}
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP			6.4 CITY	-ST-	- ZP					

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, with all other like empowered.