FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000032151 (9)**

1. Corporation Name
BLACK TIE JANITORIAL SERVICES, INC.

Principal Place of Business
128 KENDAL DR
SAFETY HARBOR FL 34695

Mailing Address
128 KENDAL DR
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: 04/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3088 Hillside Lane
Suite, Apt. #, etc.
22 Safety Harbor FL
City & State
23
Zip 24 34695 Country 25 Pinellas

2a. Mailing Address
26 P.O. BOX 13
Suite, Apt. #, etc.
27
City & State
28 Safety Harbor FL
Zip 29 34695 Country 30 Pinellas

4. FEI Number 59-3314457 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. 190.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BRICKFIELD, NEIL
128 KENDAL DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent
81 Name: Neil Brickfield
82 Street Address (P.O. Box Number is Not Acceptable): 3088 Hillside Lane
83 Safety Harbor FL
84 City: FL 85 Zip Code: 34695

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.

SIGNATURE: Neil Brickfield
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new statement) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	BRICKFIELD, NEIL
STREET ADDRESS	P O BOX 13
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	Pres. /Sec ☐ DELETE
NAME	Kelley Brickfield
STREET ADDRESS	~~P.O. BOX 13~~ 3088 Hillside Lane
CITY-ST-ZIP	SH FL 34695
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P. Treasurer ☐ Change ☐ Addition
1.2 NAME	Brickfield Neil
1.3 STREET ADDRESS	~~P.O. BOX 13~~ 3088 Hillside Lane
1.4 CITY-ST-ZIP	SH FL 34695
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	200001883972 ☐ Change ☐ Addition
5.2 NAME	-07/03/96--01085--006
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Neil Brickfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/3/96 Daytime Phone #

5/1/96