

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000034344 (8)

1. Corporation Name

JERRY'S VACUUMS & JANITORIAL SUPPLIES, INC.



Principal Place of Business

Mailing Address

~~409 W MINNEHAHA AVE~~
~~CLERMONT FL 34711~~

~~409 W MINNEHAHA AVE~~
~~CLERMONT FL 34711~~

2. Principal Place of Business

21 945 N. 14TH ST.

State, Apt. #, etc.

22 Hwy 27 So.

City & State

23 LEESBURG, FL.

Zip

24 34748

Country

25 LAKE

2a. Mailing Address

26 945 N. 14TH ST.

State, Apt. #, etc.

27 Hwy 27 So.

City & State

28 LEESBURG, FL.

Zip

29 34748

Country

30 LAKE

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

4. FEI Number

593313541

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 ability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TARA FINANCIAL SERVICES, INC.
489 W MINNEHAHA AVE
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
1.5 TITLE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-STATE-ZIP
1.9 TITLE
1.10 NAME
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1.100 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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1.4 CITY-STATE-ZIP
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1.100 CITY-STATE-ZIP

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 address.

SIGNATURE: David Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 (904) 394-5984
Date Daytime Phone #

CR2E034 (12/95)