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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90031 029 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074020

COMMERCIAL JANITORIAL SERVICES, INC.

Principal Place of Business Mailing Address						-	11 MAI1E MB]11 L	anı eleji i		11 <b>48</b> :1 180)
10546 NO. FLORIDA AVENUE P.O. OX 17135 TAMPA FL 33612 P.O. OX 17135 TAMPA FL 33682-7135										
						DO NOT WRIT	E IN THIS	SPACE		
						<ol> <li>Date Incorporated or Qualifed 09/22/1995</li> </ol>			_	
Principal Place of Business     2a. Mailing Address						4. FEI Number			Applied For	
21						59-3336875			Not /	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired  \$8.75 Ad				
22 27						5. Certificate of Gizida Boshies	Fee Required			
City & State City & State						6. Election Campaign Financing		7	<b>00</b> м	
23		28				Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curre	ent year Int		4	<b>*</b>
24	25	29	30			Personal Property Tax.		_ , res	1	]No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New R	tegiste ed	Agent		
			8	31	Name					i
	RICO, STEPHEN D		8	12	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		-	į
10546 NO. FLORIDA AVENUE						, 1001000 (1.01.00 Marian 10010				•
TAM	PA FL 33612		8	33						4
			8	34	City		FL	85	Zip Co	de
_				_ _				بلباب	-,-	1.4
l office or n	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was at	itnonzea t	oy tr	named corpo he corporation	oration submits this statement for the in's board of directors. I hereby accep	t the appoi	ntment a	s regi	stered
SIGNATURE										
	Signature, typed or printed name of registered agent		Registered Ac	gent s	signature required	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRE	CTOR	S IN 12
12.	OFFICERS AND DIRECTORS  DELETE					ADDITIONS/CHANGES TO OT	IOLING AI	Cha		Addition
TITLE	P	(*) pereie	1.1 TITUE		ĺ				·- <b>3</b> -	
NAME	CARRICO, STEPHEN D		1.2 NAM							j
STREET ADDRESS	760	uda llue			ADDRESS					
CITY-ST-ZIP	TAMPA FL 33612			-ST-	-ZIP			Cha		Addition
TITLE	T DELETE			E	}			Cita	iige	☐ \daidoit
NAME	CARRICO, WILLIAM H			Ε						
STREET AODRESS		enda aue	2.3 STRE	EETA	ADDRESS					
CITY-ST-ZIP	TAMPA FL 336/2		2.4 CITY	/-ST-	-ZIP					- A 4 120
TITLE	P	□ DELETE	3.1 TITL	E				Cha	nge	☐ Addition
NAME	Tammer of Ca	ruio	3.2 NAM	Œ						
STREET ADDRESS	10546714	Carida Cho	3.3 STRI	EET A	ADDRESS					
CITY-ST-ZIP	- Danson - 16	10 22/12	3.4. CITY	Y-ST-	i- ZIP					
TITLE	0	DELETE	4.1 TITLE	E				☐ Cha	nge	Addition
NAME	Violet No.	Bhrico	4. 2 NAN	Æ						
STREET ADDRESS	1054671.4	Pa Hisa	4.3 STR	EETA	ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-	-ZIP					
TITLE	Tampa Ilo	しょうが f Belete	5.1 TITLE					☐ Cha	nge	Addition
NAME	0		5.2 NAM							
STREET ADDRESS			5.3 STR	EETA	ADDRESS					
	]		5.4 CITY		1					
TITLE	-	☐ DELETE	6.1 TITL		<del></del>			☐ Cha	nge	Addition
			6.2 NAM						-	_
NAME					ADDRESS					
STREET ADDRESS	SI .		0.0 3170		- I					

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, with all other like empowered.