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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 05 1997 8:00am

Secretary of State

Change

☐ Change

Addition

Addition

DOCUMENT # P95000077013 (7)

FLORIDA QUALITY JANITORIAL SERVICES INC.

4741 ATLANTIC BOULEVARD 4741 ATLANTIC BOULEVARD SUITE 84 SUITE B-4 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-2168 3. Date incorporated or Qualified 3a. Date of Last Report 10/09/1995 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3349289 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutos 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name HARTER, H. CASEY 4741 ATLANTIC BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE B-4 83 JACKSONVILLE FL 32207 84 Zip Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE TITLE Change Addition 1.1 TITLE HARTER, H. CASEY NAME 1.2 NAME 1152 EUTAW PLACE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition HARTER, H. CASEY NAME 2.2 NAME 1152 EUTAW PLACE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 2.4 CHY-S1-ZIP DELETE. TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-7(P

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

14. I do 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.