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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000002838 (6)**

1. Corporation Name
RYCO JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
13891 JETPORT LOOP STE 5 FT MYERS FL 33913	13891 JETPORT LOOP STE 5 FT MYERS FL 33913-7716

3. Date Incorporated or Qualified: 01/05/1996
3a. Date of Last Report:

2. Principal Place of Business — 21: — 22: Suite, Apt. #, etc. — 23: City & State — 24: Zip — 25: Country

2a. Mailing Address — 26: — 27: Suite, Apt. #, etc. — 28: City & State — 29: Zip — 30: Country

4. FEI Number: 65-0631728 ☐ 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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEFFLER, RYAN W
13891 JETPORT LOOP STE 5
FT MYERS FL 33913

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 607.0502 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 _____ DATE _____
Signature, type the printed name of registered agent and, if applicable, the office. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEFFLER, RYAN W	1.2 NAME	
STREET ADDRESS	13891 JETPORT LOOP STE 5	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEFFLER, WALTER	2.2 NAME	
STREET ADDRESS	13891 JETPORT LOOP STE 5	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEFFLER, ALICE	3.2 NAME	
STREET ADDRESS	13891 JETPORT LOOP STE 5	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Ryan W. Leffler 3-14-97 (941)561-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #