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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000002838 (6)

RYCO JANITORIAL SERVICES, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100 100 [L BONIO ONEN BURK DE LE GONER BOR	00 0 00 U 0	!
13891 JETPORT LOOP STE 5 13891 JETPORT LOOP STE			STE 5	5					
FT MYERS FL 33913		FT MYERS FL 33913					DO NOT INDITE IN		
l						9 Data Inggra	DO NOT WRITE IN T	HIS SPACE	
}						· ·	orated or Qualified		
2. Principal Place of Business 2a. Mailing Address						01/05/19 4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For
21			26			65-063		- 	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							5 Additional
22		27	27			5. Certificate o	f Status Desired		Required
City & Stat	е	City & State	City & State			6. Election Car	Election Campaign Financing \$5.00 May Be		
23		28	28			Trust Fund (Contribution		od to Fees
Zip	Country	Zip		Country			tion owes or has paid the		
24	25	29	30	т		<u> </u>	perty Tax due June 30.	Yes	LI No
9. Name and Address of Current Registered Agent					Nam		Address of New Registe	rea Agent	
LEFFLER, RYAN W				81					
13891 JETPORT LOOP STE 5				82	Stree	et Address (P.O. Box Num	ber is Not Acceptable)		
ļ ri	MYERS FL 33913			83					
							· · · · · · · · · · · · · · · · · · ·		
				84	City		1	FL 85 Z	ip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab						ed corporation submits this	statement for the nurno	se of changing	g 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, typed or printed name of registered agent and little if applicable (NOTE Registerer 12. OF FICERS AND DIRECTORS 13.					ni signal	ure required when reinstating)	DA		000 111 10
TITLE	D	DELETE	1.1 3	TIF		ADDITIONS/C	HANGES TO OFFICERS	Chang	
NAME	LEFFLER, RYAN W			IAME		•			
STREET ADDRESS 13891 JETPORT LOOP STE 5		5		1.3 STREET ADDRESS		s			
CITY-ST-ZIP	CT LUCES CL ASSAC			1.4 CiTY-ST-ZIP					
TITLE	Ò			2.1 TITLE				Chang	e Addition
NAME	E LE FFLER, WALTER		2.2 NAME						1
STREET ADDRESS 13891 JETPORT LOOP STE 5		5	2.3 STREET ADORESS		s			1	
CITY-ST-ZIP FT MYERS FL 33913			2. 4 CITY - ST - ZIP]	
TITLE			3.1 T	3.1 TITLE				☐ Chang	e Addition
NAME	LEFFLER, ALICE		3.2 N	AME					
STREET ADORESS	13891 JETPORT LOOP STE	5	3.3 S	TREET	ADDRES	s	•		ł
CITY+ST-ZIP				DITY-S	iI - ZiP				
TITLE		☐ D€LETE	4.1 T	ITLE				☐ Chang	e 🔲 Addition
NAME		,	4.21	NAME					
STREET ADDRESS					ADDRES:	5			
CITY-ST-ZIP		- Dritte		ITY-S	I - ZIP				
TITLE		☐ DELETE	51T					☐ Chang	e 🔲 Addition
NAME DEPET LEBOSOG			5.2 N						
STREET ADDRESS					ADDRESS	5			
CITY-ST-ZIP TITLE		☐ DELE TE	5.4 C 6.1 T	ITY-\$1	I-ZIP			☐ Chang	e
NAME		□ perci¢	ı					□ cuanô	
STREET ADDRESS			6.2 N		ADDRESS	,			ŀ
1						`			
CITY-ST-ZIP			6.4 C	ITY - SI	1- LIP	1 1 0 0 110 0 700	TEC 11 A		

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 suppliemental 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 off an aparichment with an address.