

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90166 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002838

1. Corporation Name
RYCO JANITORIAL SERVICES, INC.

Principal Place of Business
**13891 JETPORT LOOP STE 5
FT MYERS FL 33913**

Mailing Address
**13891 JETPORT LOOP STE 5
FT MYERS FL 33913**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1996

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **5870 Harborage Dr.**

26 **5870 Harborage Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Fort Myers, FL**

28 **Fort Myers, FL**

Zip Country

Zip Country

24 **33908**

25

29 **33908**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5870 Harborage Dr.

83

84 City

Fort Myers

FL

85 Zip Code

33908

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **LEFFLER, RYAN W**
STREET ADDRESS **13891 JETPORT LOOP STE 5**
CITY-ST-ZIP **FT MYERS FL 33913**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5870 Harborage Dr.**
1.4 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☒ DELETE
NAME **LEFFLER, WALTER**
STREET ADDRESS **13891 JETPORT LOOP STE 5**
CITY-ST-ZIP **FT MYERS FL 33913**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **5870 Harborage Dr.**
2.4 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☒ DELETE
NAME **LEFFLER, ALICE**
STREET ADDRESS **13891 JETPORT LOOP STE 5**
CITY-ST-ZIP **FT MYERS FL 33913**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5870 Harborage Dr.**
3.4 CITY-ST-ZIP **Fort Myers, FL 33908**

TITLE ☐ DELETE
NAME **Jennifer Schmucker**
STREET ADDRESS **12810 Devonshire Lake Circle**
CITY-ST-ZIP **Fort Myers Florida 33913**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **Walter Schmucker**
STREET ADDRESS **12810 Devonshire Lake Cir**
CITY-ST-ZIP **Fort Myers Florida 33913**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13-05-99 1941-561-441

CR2E034 (11/98)