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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015345 (7)

SQUEAKY CLEAN JANITORIAL SERVICES, INC.

Principal Place of Business		Mailing Address	Mailing Address		5818: 1100: 01100 1111: 0190: 0111 1881
7967 CLOISTER DRIVE BARASOTA FL 34231		7367 CLOISTER DRIVE SARASOTA FL 34231-8003	7367 CLOISTER DRIVE		
				3. Date Incorporated or Qualified 02/15/1996	3a. Date of Last Report
1	tace of Business	28, Mailing Address		4. FEI Number	Applied For
21		26		HPPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	u	28	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for it	
24	25	├ ── ` }	30	· ·	Yes No
	g. Name and Address of Cu			10. Name and Address of New Re	•
JOH	NSON, DAVID P		81 Name n	The I Parties	
	BENEVA ROAD, SOUTH		82 Street Add	NICL L. PROWE	le)
	ASOTA FL 34233		5777	ress (P.B. Box Number is Not Acceptable S. Beneva Koap	
			[83]		
▶ ⊕			84 City		85 Zip Code_
			/ / SXIA	easo ta,	FL 342,33
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the S	7.0502 and 607.1508, Florida Statute State of Florida. Such change was a	es, the above-named cor	poration submits this statement for the p	urpose of changing its registered of the appointment as registered
agent. I a	m tamiliar with, and accept the c	obligations of, Section 607.0505, Flor	rida Statutes.		
agent. 1 a SIGNATURE	m tamiliar with, and accoun the c	obligations of, Section 607.0505, Flor	rida Statutes.		4/29/97
agent, I a SiGNATURE	im familiar with, and accept the consultation of the consultation	obligations of, Section 607.0505, Flore the control of the control	rida Statutes. Registered Apent signature requ	ired when reinstating)	4/29 197 DATE
agent.1a	m familiar with, and accept the company of the comp	obligations of, Section 607.0505, Flor	rida Statutes.		4/29 197 DATE
agent. 1 a SIGNATURE 12.	m familiar with, and accept the comment of the comm	obligations of, Section 607.0505, Flor Letto od agent and title if applicable. (NOTE S AND DIRECTORS	rida Statutes. Registered Agent signature requ	ired when reinstating)	H/29 197 ERS AND DIRECTORS IN 12
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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 eath; 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.

6.4 CITY-ST-ZIP

Thomas Alder

Lilialan augarana

FILED

Jun 06 1997 8:00am

Secretary of State

CR2E034 (9/96)