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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000029380 (8)**1. Corporation Name

JANITOR DEPOT INC.

## FILED May 09 1997 8:00am Secretary of State

Principal Place of Business 1417-1 DEL PRADO BLVD CAPE CORAL FL 33980		Mailing Address 1417-1 DEL PRADO BLVD CAPE CORAL FL 33990-3749					
			3. Date Incorp 03/29/199	1 '	Date of Last Re	aport	
2, Principal Place of Business	2a. Mailing Address		4. FEI Number	·	Ap	plied For	
21 Cuite Aut # ata	26 Suite Ant # pte		45-06:	5 <i>155</i> 3		t Applicable	
Suite, Apt. #. etc.	Suite, Apt. #, etc		5. Certificate of	of Status Desired	<b>\$8.75</b> A Fee Re		
City & State	City & State		6. Election Ca	mpaign Financing	\$5.00	May Be	
23	28			Contribution	Added t		
Zip Country	· · · · · · · · · · · · · · · · · · ·	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 25 9. Name and Address of Cur	29 rent Registered Agent	1301		Address of New Register			
BEBEL, BERNARD		81 Na	me				
1417-1 DEL PRADO BLVD		82 St	eet Address (P.O. Box Nun	nhar is Not Acceptable)			
. CAPE CORAL FL 33990		<b>02</b> 31	IIDM XOCI .C. IJ SCOIDDA 300	iber is 1401 Acceptable)			
•		83					
		84 Ci	ν		85 Zip (	Code	
11. Pursuant to the provisions of Sections 607.0			-		<b>L</b>		
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob SIGNATURE.	ate of Florida. Such change was digations of, Section 607.0505, I	s authorized by the Florida Statutes.	corporation's board of dire	ctors. I hereby accept the i	appointment as	registered	
Starrative it and or printed name of registered  12. OFFICERS	AND DIRECTORS	UTE: Registered Agent aig	nature required when reinstating)	DAT CHANGES TO OFFICERS	····	IS IN 12	
THE OFFICERS	DELETE	1.1 TOLE	PUTS	CHANGES TO OFFICE IS	Change	Addition	
NAME		1.2 NAME	Barrond Bo	hol			
\$TREET ADDRESS		1.3 STREET ADDR	Bernard Be INH7-1 Del Pi	radoBIVd.			
CIBY - ST - ZIP		1.4 CITY-ST-ZIP	Case Coral	FL 33990			
THE	DELETE	2.1 TITLE	7		Change	☐ Addition	
NAME		2.2 NAME	}				
STREET ADDRESS		2.3 STREET AQD	ESS				
D(TY-ST-Z)?		2. 4 CITY-ST-Zii				L. 1000	
THEE	DELETE	3.1 TITLE			Change	Addition	
NAME		3.2 NAME					
STREET ADDRESS		3 3 STREET ADD	1				
CHY-ST 7IP	DELETE	3.4. CITY-ST-ZII 4.1 TITLE	·		Change	Addition	
TITLE NAME	Li ⊳tteit	4.2 NAME			Onango دیا	110010011	
STREET ADDRESS		4.2 NAME 4.3 STREET ADDR	FGC				
CHY-SI-76		4.4 CITY-\$T-ZIF					
THE THE		■ 7.7 UH 1 "Q1"4#					
NAME	DELETE	5.1 TITLE		·····	Change	Addition	
STHEF! ACORESS	DELETE	5.1 TITLE 5.2 NAME			Change	Addition	
CITY ST- ZIP	DELETE	52 NAME	FSS		Change	Addition	
COLUMN TO THE TENT OF THE TENT	☐ DELETE	52 NAME 53 STREEY ADDI	ESS		Change	Addition	
	☐ DELETE	52 NAME	ESS		Change	Addition	
THE		52 NAME 53 STREET ADDI 54 CITY-ST-ZIF 6.1 TITLE		1000100	☐ Change		
		5 2 NAME 5 3 STREET ADDI 5.4 CITY - ST - ZIF		00021862 21/9701032	☐ Change		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 197(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



4-16-97

941-489-2199