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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047951 (4)

BLYE'S JANITORIAL SERVICE, INC.

Principal Place of Business Mailing Address 910 - 29TH STREET 910 - 29TH STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407-5033 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0<u>686145</u> 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees Zin Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLYE, ROLAND H 910 - 29TH STREET Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 83 City 84 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 Signal is: Type clor printed ranke of registered agent and little diapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition BLYE, ROLAND H NAME 1.2 NAME 910 - 29TH STREET STREET ADDRESS 13 STREET ADDRESS WEST PALM BEACH FL 33407 CITY - \$1 - 76 14 CHY-ST-ZIP DELETE THE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-718 DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7-P 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE 1:11.8 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP DITY-ST-7-P DELETE TITLE \_\_\_ Addition 6.1 TITLE NAME 6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST-ZIP

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 chapted of on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/A/97 SU-949-1794

**FILED** 

Jan 22 1997 8:00am

Secretary of State