

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 28 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000047951 (4)

1. Corporation Name
 BLYE'S JANITORIAL SERVICE, INC.



Principal Place of Business: 910 - 29TH STREET WEST PALM BEACH FL 33407
 Mailing Address: 910 - 29TH STREET WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country
 30

3. Date Incorporated or Qualified: 05/31/1996
 4. FEI Number: 65-0686145
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BLYE, ROLAND H
 910 - 29TH STREET
 WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
 81 Name: Frances Blye
 82 Street Address (P.O. Box Number Is Not Acceptable): 910 29th Street
 83
 84 City: West Palm Beach FL 85 Zip Code: 33407

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: Frances Blye Director, Frances Blye 7/13/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: D	DELETE <input checked="" type="checkbox"/>
NAME: BLYE, ROLAND H	
STREET ADDRESS: 910 - 29TH STREET	
CITY-ST-ZIP: WEST PALM BEACH FL 33407	
TITLE:	DELETE <input type="checkbox"/>
NAME: Frances Blye	
STREET ADDRESS: 910 29th Street	
CITY-ST-ZIP: West Palm Beach, Fla	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME: D Frances Blye	
1.3 STREET ADDRESS: 910 29th Street	
1.4 CITY-ST-ZIP: West Palm Beach, FL, 33407	
2.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME: Danielle VARNER	
2.3 STREET ADDRESS: 422 22nd Street	
2.4 CITY-ST-ZIP: West Palm Beach, FL	
3.1 TITLE: M	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME: Vincent VARNER	
3.3 STREET ADDRESS: 2402 Beach Ct	
3.4 CITY-ST-ZIP: Riviera Beach, FL	
4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME: 100002606981	
5.3 STREET ADDRESS: -08/04/98-01016-044	
5.4 CITY-ST-ZIP: ***158.75	
6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.

SIGNATURE: Frances Blye Director, Frances Blye 7/13/98 (211) 543 1140

CR2E034 (5/98)

7/15/98

TJ2

To Whom it may Concerned;
I called Division of Corporation
on 7/13/98 and informed them
that I never received a 1st
Notice.

They told me to send
the regular payment plus this
note:

Thanks

Vincent Varner