04-01-1999 90028 006 ***150.00

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

PROFIT -CORPORATION= ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE - - Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000050740**1. Corporation Name

SOUTH JANITORIAL SERVICE, INC.

Principal Place of Business
1012 IDLEBRIAR WAY
TARPON SPRINGS FL 34689

Mailing Address

1012 IDLEBRIAR WAY TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					06/13/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	26				59-3391952	No	t Applicable	
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.		۷		5. Certificate of Status Desired	\$8.75 / Fee Re		
27			<u> - ح</u>		= 6=Election Campaign Financing	\$5.00	May Re	
23 28					Trust Fund Contribution	Added		
Zip			Country		8. This corporation owes the current year in	tangible		
24	25	29 3	30		Personal Property Tax.	🖺 Yes	□No	
	9Name and Address of Current				- 10. Name and Address of New Registered	Agent-	<u>-</u>	
				81 Name				
TOBON, JOAQUIN H				82 Street Address (P.O. Box Number is Not Acceptable)				
1012 IDLEBRIAR WAY				82 Street Add	aress (P.O. Box Number is Not Acceptable)			
TARPON SPRINGS FL 34689				83		· · · · ·		
					4.00			
	-	•		84 City	FL	85 Zip	Code	
		LOOT AFOO FILE STATE	- 45	ave semed see	poration submits this statement for the purpose of	- . l	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	nf Florida. Such change was aut	thonzed	by the corporat	tion's board of directors. I hereby accept the appo	intment as re	gistered	
SIGNATURE			N1-4 :	Agent signature requir	red when reinstating) DATE			
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	
12.		D DIRECTORS	1,1 717	E	ADDITIONS/CHANGES TO OTT IDENO AL	Change	Addition	
TITLE	D	C) DELETE	1					
NAME	TOBON, JOAQUIN H		1.2 NA	i				
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CITY-ST-ZIP	TARPON SPRINGS FL			Y-ST-ZIP		[T] Change	Addition	
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NAME			2.2 NA					
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NAME								
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP		475 11	t	
	nortify that the information synalized wil	th this filing dose not qualify for	the eve	notion stated in	Section 119 07/3)(i) Florida Statutes, Lifurther ce	rtify that the	information	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). 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.