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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035102 (7)
1. Corporation Name

CLEANING SOLUTIONS JANITORIAL INC.

FILED
May 04 1998 8:00am
Secretary of State



21 26 7.0.1304.6833 59.348-3887 Not A Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Registered Agent Added to PATTERSON, GLORIA 4332 \$LASH PINE LANE TALLAHASSEE FL 32310 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) The Pattern of Status Desired Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) The Pattern of Status Desired Registered Agent 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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or perturbed name of registered injent and bite if applicable (NOTE: Registored Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	May Be to Fees angible No Code s registered registered
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 4. FEI Number 5 9 3 48 - 38 8 7 Nor. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Added to Personal Property Tax due June 30. Yes Zip Street Address of New Registered Agent PATTERSON, QLORIA 4332 SLASH PINE LANE TALLAHASSEE FL 32310 81 Name 32 Street Address (P.O. Box Number is Not Acceptable) 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 office or registered agent, on both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes agent. It am familiar with accept the obligations of,	ot Applicable Additional Addition
3. Date Incorporated or Qualified Q4/18/1997 2. Principal Place of Business 2a. Majing Address 2b. Co. Boy 6833 2b. FEI Number 2c. Suite, Apt. #, etc. 3c. City & State 2c. Country	ot Applicable Additional Addition
2. Principal Place of Business 2. Majimg Address 3. Majimg Address 4. FEI Number 5. Certificate of Status Desired 4. Fet Inumber 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Find Cumber 7. Find Cumber 7. Find Cumber 7. Find	ot Applicable Additional Addition
2e. Majing Address 2e. Majing Address 2f. D. Boy 6833 4. FEI Number 59-348-3887 Not 1 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Ad Fee Requ 27 City & State 28 29 20 21 20 21 21 22 29 20 21 20 20 21 20 20 21 20 20 21 20 20 20 21 20 20 20 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	ot Applicable Additional Addition
21 26 1.0	ot Applicable Additional Addition
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip	Additional aquired May Be to Fees angible No Code s registered registered
City & State Country St.00 M Trust Fund Contribution Added to Add	May Be to Fees angible No Code s registered registered
City & State 28 TALL FL 29 Country 21	to Fees angible No Code s registered registered
Zip Country Zip Zip Country Added to Principle Country Signature, topoday of principle agent Signature, topoday of principles and accept the obligations of, Section 607.0505, Florida Statutes. 28 Table - Country Signature required when reinstating) Added to Trust Fund Contribution Added to Added to Country Signature required when reinstating) Trust Fund Contribution Added to Added to Country Signature required when reinstating) Added to Country Signature required when reinstating) Added to Country Signature required when reinstating) Trust Fund Contribution Added to Added to Country Signature required when reinstating) Added to Country Signature required when reinstating) Trust Fund Contribution Added to Added to Country Signature required when reinstating) Added to Country Signature required when reinstating) Added to Country Signature required when reinstating DATE Trust Fund Contribution Added to Added to Trust Fund To Added to Country Signature required when reinstating DATE To FICE RS AND DIRECTORS Trust Fund Contribution Added to Trust Fund To A	to Fees angible No Code s registered registered
21 29 32 3 4 30 Personal Property Tex due June 30. Yes Pe	Code s registered registered
PATTERSON, GLORIA 4332 \$LASH PINE LANE TALLAHASSEE FL 32310 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co 85 Variety and 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 respectively. It am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 86 Signature 87 Variety Variet	Code s registered registered
PATTERSON, GLORIA 4332 \$LASH PINE LANE TALLAHASSEE FL 32310 83 City City FL 85 Zip Co 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 redfice 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 reagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICE RS AND DIRECTORS	s registered registered
4332 \$LASH PINE LANE TALLAHASSEE FL 32310 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co 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 redifice 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prefine name of registered agent and talls if applicable (NOTE: Begistered Agent signature required when reinsaling) DATE 12. OFFICE RS AND DIRECTORS	s registered registered
TALLAHASSEE FL 32310 83 84 City FL 85 Zip Co 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 rediction 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or penting name of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	s registered registered
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 redfice 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or period agent and this if applicable (NOTE: Registored Agent signature required when reinstating) DATE DATE	s registered registered
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE DATE OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	s registered registered
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 redifice 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prefind name of registered agent and talls if applicable (NOTE: Registered Agent signature required when reinsating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	s registered registered
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 redfice 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 reagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and talls if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or [winted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	registered
SIGNATURE Signature, typed or prefited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Signature, typed or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	C IN 10
12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	C IN 10
TITLE DELETE 1.1 TITLE // - 0 Page . Change	Addition
	- Augilion
NAME Jeffang Pallersons	41
STREET ADDRESS 4332 Slack Pive L	. 14
CTY-ST-ZIP 1.4 CITY-ST-ZIP TOTAL DELETE 2.1 TITLE DELETE 2.1 TITLE	Addition
	L Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	Addition
NAME 32 NAME	Addition
CITY-ST-ZIP	
NAME 4.2 NAME	Addition
STREET ADDRESS 4.3 STREET ADDRESS	Addition
4.3 SINCET ADDITION	Addition
OTTO AT VIOLE TO VIOL	Addition
CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition Addition
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME	
TITLE DELETE 5.1 TITLE Change C NAME STREET ADDRESS DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	☐ Addition
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME	☐ Addition
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	☐ Addition

1. Thereby centry that the information supplied with this tiling 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.