

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
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FILED**99 FEB 25 PM 2: 08**
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DOCUMENT # P98000001503
 1. Corporation Name
QUALITY EXPRESS JANITORIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

52-266607
☒ 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 the current year intangible
 Personal Property Tax.

☐ Yes ☐ No

 Principal Place of Business
7834 PARK WEST DR., APT. 104
GLEN BURNIE MD 21061

 Mailing Address
7834 PARK WEST DR., APT. 104
GLEN BURNIE MD 21061

2. Principal Place of Business

2a. Mailing Address

 Suite, Apt. #, etc.
21

 Suite, Apt. #, etc.
26

City & State

City & State

 Zip Country
23 **25**

 Zip Country
28 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLDER, JOHN
638 CORNELL ST. SE
PALM BAY FL 32909

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JAMES, SHEILA	
STREET ADDRESS	7834 PARK WEST DR., APT. 104	
CITY-ST-ZIP	GLEN BURNIE MD 21061	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BONDHILL, SHARON	
STREET ADDRESS	642 HALLMARK DR., APT. 204	
CITY-ST-ZIP	GLEN BURNIE MD 21061	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered

SIGNATURE: *Sheila James* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)