

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90080 032 ***150.00

DOCUMENT # P98000009631

1. Corporation Name
JANITOR JUNCTION, INC.



Principal Place of Business
~~820 W CRYSTAL STREET~~
~~CRYSTAL RIVER FL 34428~~

Mailing Address
~~820 W CRYSTAL STREET~~
~~CRYSTAL RIVER FL 34428~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5220 W. Gulf to Lake Hwy
Suite, Apt. #, etc.

22 City & State
Lecanto, FL

23 Zip Country
34461 USA

24 34461 25 USA

2a. Mailing Address

26 5220 W. Gulf to Lake Hwy
Suite, Apt. #, etc.

27 City & State
Lecanto, FL

28 Zip Country
34461 USA

29 34461 30 USA

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

59-3496659

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

9. Name and Address of Current Registered Agent

LARDER, WILLIAM H JR
~~820 W CRYSTAL STREET~~
~~CRYSTAL RIVER FL 34428~~

10. Name and Address of New Registered Agent

81 Name

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

5220 W. Gulf to Lake Hwy

83

84 City

Lecanto

FL

85 Zip Code

34461

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

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 P ☐ DELETE

NAME LARDER, LOLA A
STREET ADDRESS ~~5838 W DEMSEY LN~~
CITY-ST-ZIP ~~HOMOSASSA FL 34448~~

TITLE VST ☐ DELETE

NAME LARDER, WILLIAM H JR
STREET ADDRESS ~~5838 W DEMSEY LN~~
CITY-ST-ZIP ~~HOMOSASSA FL 34448~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1002 N. Rock Crusher Rd
Crystal River, FL 34429

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1002 N. Rock Crusher Rd
Crystal River, FL 34429

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 (352) 746-4385

CR2E034 (11/98)

0489208