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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mar 16, 1999 8:00 am Secretary of State

1	1999 🔏	DIVISION C	F CORPOR	RATIO	ONS	03-16-1999 90019 011	***150.	.00
DOCUN 1. Corporation	MENT # P9800	0099736						
TAGGART	'S JANITORIAL INC.							
Principal Place	of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1011 7TH ST. 1011 7TH ST. CASSELBERRY FL 32707 CASSELBERRY FL 32707								
CASSELBERRI FI	L 32/U/	CASSELDERNI PL 32/0/				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 11/23/1998		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21		26				59-3544892		ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional equired
City & State)	City & State				6. Election Campaign Financing	- \$5:00	May Be
23	<u> </u>	28				Trust Fund Contribution		to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Int		ΠXI N α
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered	Yes	IX No
} 	9. Name and Address of Cur	rent Registered Agent		81	Name	(U. Hallie dita Address of Hew Registered	rgont	
TAGG	ART, THOMAS JR.							·····
1011 7TH ST.				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
CASSELBERRY FL 32707				83				
				84	City		85 Zip	Code
				84	City	FL	183 219	Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the a	bove	-named co	proporation submits this statement for the purpose of	changing its	s registered
office or re agent. I an	egistered agent, or both, in the St n familiar with, and accept the ob	ate of Florida. Such change wa ligations of, Section 607.0505,	s autnorized Florida Stat	utes.	tne corpora	ation's board of directors. I hereby accept the appoin	mient as it	egistered
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable (N AND DIRECTORS	OTE: Registered		t signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
12.	OFFICENS	DELETE				p	Change	
NAME			1.2 N		}	r aggart, Thomas Jr		"
STREET ADDRESS			1.3 S	TREET	L	011 7th Street		
CITY-ST-ZIP			1.4 C	ITY-ST		asselberry Fl 32707		
TITLE		☐ DELETE	2.1 Ti	TLE		-	Change	☐ Addition
NAME			2.2 N	AME	}			
STREET ADDRESS			2.3 \$	TREET	ADDRESS			ļ
CITY-ST-ZIP				TY-S	T-ZIP			Print A 1 122
TITLE		DELETE	3.11	MLE			-[_] Unange	Addition:
NAME			3.2 N					İ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE		ITY-S	T-ZIP		Change	Addition
NAME			4.2					
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP				ITY-ST		•]
TITLE		☐ DELETE					[] Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP				ITY-ST	r-ZIP			
TITLE		☐ DELETE					Change	Addition
NAME			6.2 N					
STREET ADDRESS			6.3 \$	TREET	ADDRESS			

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.

6.4 CITY-ST-ZIP

407-699-