


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000100720

1. Corporation Name  
 CENTRAL FLORIDA JANITORIAL SERVICES, INC.



Principal Place of Business Mailing Address  
 5857 TRAILWOOD DR. 5857 TRAILWOOD DR.  
 PORT ORANGE FL 32127 PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 12/03/1998

4. FEI Number  
 59-3554054

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  
 HENDERSON, PRISCILLA J  
 5857 TRAILWOOD DR.  
 PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code

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 *Priscilla J Henderson* PRISCILLA J HENDERSON 3-23-99  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	LARRY M. HENDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME PRISCILLA J. HENDERSON	1.2 NAME	Vice President	
STREET ADDRESS 5857 TRAILWOOD DR.	1.3 STREET ADDRESS	5857 TRAILWOOD DR.	
CITY-ST-ZIP PORT ORANGE, FL 32127	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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 *Priscilla J Henderson* PRISCILLA J HENDERSON 3-23-99 (904) 423-4505  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2034 (1/99)