FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S63134** **(8)**

1. Corporation Name

IMAGE JANITORIAL SERVICES INC.

Principal Place of Business	Mailing Address
3780 BURNS ROAD STE. 11-A PALM BEACH GARDENS FL 33410 US	3780 BURNS ROAD STE. 11-A PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1991
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0273834 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, TIMOTHY B.
2600 C. VISIONS DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: Wilson Timothy B.
82 Street Address (P.O. Box Number is Not Acceptable): 2411 Brandywine Road #933
83 City: West Palm Beach
84 FL 85 Zip Code: 33409

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 of a previous registered agent, if changing agent) (New Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☑ Change ☐ Addition VP
NAME	WILSON, CHRISTOPHER T.	12 NAME	Wilson, Christopher T
STREET ADDRESS	2600 C VISIONS DR	13 STREET ADDRESS	1116 Greenpine Blvd. #E-1
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY ST ZIP	West Palm Beach, Fla. 33409
TITLE	P	21 TITLE	☑ Change ☐ Addition P
NAME	WILSON, TIMOTHY B.	22 NAME	Wilson, Timothy B.
STREET ADDRESS	2600 C VISIONS DR	23 STREET ADDRESS	2411 Brandywine Road #933
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY ST ZIP	West Palm Beach, Fla. 33409
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an X in this box ☐

SIGNATURE: Timothy B. Wilson 4-11-95 (407) 627-0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0260123 CP