

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**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90155 001 \*\*\*300.00

**DOCUMENT # S63134**

1. Corporation Name

**IMAGE JANITORIAL SERVICES INC.**

Principal Place of Business

3780 BURNS ROAD  
STE. 11-A  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

3780 BURNS ROAD  
STE. 11-A  
PALM BEACH GARDENS FL 33410  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/25/1991

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILSON, TIMOTHY B.  
7104 GLENMOOR DR  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name  
WILSON, TIMOTHY B. SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
5120 ELPINE WAY  
83 PALM BEACH GARDENS, FL 33410  
84 City  
FL 85 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

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

Timothy B. Wilson

DATE 4-1-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILSON, CHRISTOPHER T.	
STREET ADDRESS	1416 GREENPINE BLVD. E+	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, TIMOTHY B.	
STREET ADDRESS	7104 GLENMOOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON, CHRISTOPHER T.	
1.3 STREET ADDRESS	527 GULF ROAD	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILSON, TIMOTHY B.	
2.3 STREET ADDRESS	5120 ELPINE WAY	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
Timothy B. Wilson

4-1-99

561-627-8748

Date

Daytime Phone #

CR2E034 (11/98)

0328419