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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S72149

(5)

PROFESSIONAL JANITOR SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



9682 BAYSHORE BLVD. N.E. ST. PETERSBURG FL 33703		3662 BAYSHORE BLVD. N.E ST. PETERSBURG FL 33703				
				3. Date Incorporated or Qualified 08/02/1991	3a. Date of Last Report 04/12/1996	
2. Principal Pla	ace of Business	2a. Mailing Address	horal	4. FEI Number	Applied For	
21 7230		26 72-30-44	, 24 V	59-3047174	Not Applicable	
Suite, Apt. 1 22 #240		Spite, Apt. #, etc. 27 #2404		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 ST. Pe	DERSBURG, FL	City & State 28 ST. PeackSB	ORG, PL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3 376	OZ ZE USA	29 33702	Country 30 USA	8. This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,] Yes	
	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
3662	, ANN L. 2 BAYSHORE BLVD., N.E. PETERSBURG FL 33703			7230-4th STN #2404		
			84 City	Petersburg Fl	33702_ 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 ago	and and tills if applicable (NOTs	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DPS	DELETE	1.1 TOLE	DPS-PRES, VP, SEC, TV	Change Addition	
HAME	FOX, ANN L.		1.2 NAME	DALE SCOTT POK		
STREET ADDRESS	3662 BAYSHORE BLVD NE		1.3 STREET ADORESS	7230-41731 /	74.5	
CITY-ST-ZIP	ST PETERSBURG FL	- Oriette	1.4 CITY - ST - ZIP	ST. PERERSBURG, PL 337	Change Addition	
TITLE		[] DEFELE	2.1 10116		G Change G Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 \$1REET ADDRESS	•		
CITY-ST-ZIP TITLE		DELETE	2. 4 Crty-St-ZIP 3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 11TLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELFTE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	· ·		
STREET ADDRESS	1 		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY- \$1 - ZIP			
44 Lela barak	he parties that the information owners	d with this filling does not qualif		stated in Section 119.07(3)(i). Florida Statute	e I further certify that the	

Too below certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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