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 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86785** **(0)**

1. Corporate Name
BK CLEANING & RESTORATION SERVICES, INC.

Principal Place of Business
3350 ULMERTON RD.
SUITE 8
CLEARWATER FL 34622
US

Mailing Address
3350 ULMERTON RD.
SUITE 8
CLEARWATER FL 34622
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1991**
3a. Date of Last Report: **07/25/1994**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **65-0288556** ☐ 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 S. 199.032 Florida Statutes ☐ yes ☒ no

9. Name and Address of Current Registered Agent
JANSSEN, TONI
3350 ULMERTON RD.
SUITE 8
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	JANSSEN, TONI L
ADDRESS	3350 ULMERTON RD.,#8
CITY, ST, ZIP	CLEARWATER FL 34622
TITLE	AS
NAME	JANSSEN, BART
ADDRESS	3350 ULMERTON RD.,#8
CITY, ST, ZIP	CLEARWATER FL 34622

13. ADDITIONAL OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Add/Del
NAME
ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report, updated and true, and I qualify for the participation statute of Section 607.0505, Florida Statutes. Further I certify that the officers and directors of the corporation or the trustees of the trust or other organization to whom the report is required to be made pursuant to Section 607.0505, Florida Statutes, and that my name appears above, or in block 13 if I am a director or officer of the corporation, or in block 12 if I am a trustee of the trust or other organization.

SIGNATURE: 4/12/95 813 572-5525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0359662 CP