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

DOCUMENT # **S87539** **(0)**

1. Corporate Name
JAMES CLEANING, INC.

Principal Place of Business
P.O. BOX 1090
SHARPES FL 32959

Mailing Address
P.O. BOX 1090
SHARPES FL 32959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Officer of Business
21

2a. Mailing Address
26

4. FEI Number: **59-3096455** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 County 25

Zip 29 County 30

8. This corporation has liability or intangible tax under § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KENT, LYNN F.
1072 BARCLAY DR
COCOA FL 32927

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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS, AND TIME OF EFFECT
Title	D	Title ☐ Change ☐ Addition
Name	KENT, JAMES M.	Name
Street Address	1072 BARCLAY DR	Street Address
City-St-Zip	COCOA FL	City-St-Zip
Title	D	Title ☐ Change ☐ Addition
Name	KENT, LYNN F.	Name
Street Address	1072 BARCLAY DR	Street Address
City-St-Zip	COCOA FL	City-St-Zip
Title		Title ☐ Change ☐ Addition
Name		Name
Street Address		Street Address
City-St-Zip		City-St-Zip
Title		Title ☐ Change ☐ Addition
Name		Name
Street Address		Street Address
City-St-Zip		City-St-Zip
Title		Title ☐ Change ☐ Addition
Name		Name
Street Address		Street Address
City-St-Zip		City-St-Zip
Title		Title ☐ Change ☐ Addition
Name		Name
Street Address		Street Address
City-St-Zip		City-St-Zip

14. I hereby certify that the information supplied with this report is true, complete and accurate. I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Lynn Kent PRESIDENT LYNN F. KENT 4/27/95 (407)632-7705
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

0421435 FP