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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V31849

(5)

HERCULES CLEANING SERVICES, INC.

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1926 DOVER CT OLDSMAR FL 34677

2. Principal Place of Business

Suite, Apt. #, etc.

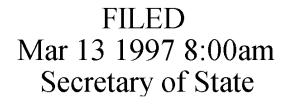
Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

1926 DOVER CT OLDSMAR FL 34677-2627





3. Date Incorporated or Qualified

04/23/1992

59-3128869

3a. Date of Last Report

Applied For

Not Applicable

06/07/1996

Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		:	5. Certificate of Status Desired \$8.75 Additional Fee Required			
22] City & Stat	A	City & State	<u> </u>			C Flatin Company Financing			
23		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			199.032,
4 25 29 30				1		Florida Statutes Yes No			
 	9. Name and Address of Currer	nt Registered Agent		81		10. Name and Address of New R	egistered A	gent	
SCHUTZMAN, JAY 1926 DOVER CT OLDSMAR FL 34677					Namo				ļ
					Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
				83					
				84	City			85 Zip C	Code
							<u> FL</u>		
office or r	egistered agent, or both, in the State	e of Florida. Such char	igo was authorize	d by	the corporation	plation submits this statement for the on's board of directors. I hereby acce	purpose of pt the appo	changing its inlment as	s registered registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.	.0505, Florida Sta	tutes.	•				ļ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if emplicable	(NOTE: Blankton	d Apen	nt signature required	Surper reinstaling)	DATE		
12.		D DIRECTORS	(NOTE: Registro	u Agei	it signatore redoired	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TITLE	P	. DI	LETE 1.1 TI	ITLE				Change	Addition
NAME	SCHUTZMAN, JAY		1.2 N	AME)]
STREET ADDRESS	4444 BALMB 44			IREE 1.	ADDRESS				
CITY-ST-ZIP	OLDSMAR FL 34677		1	IIY-ST	í				Ì
TITLE				**			Change	Addition	
NAME			2.2 N	AME	Ì			_ ,	_ }
STREET ADDRESS				2.3 STREET ADDRESS					}
CITY-ST-ZIP				HTY-\$1	Į.				
TITLE		☐ Di						Change	Addition
NAME			3.2 N	AME					
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NAME			4. 2 N	IAME	ļ				Į.
STREET ADDRESS			4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST	- ZIP				}
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NAME			5.2 N	AME	ļ				ļ
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CITY-ST-ZIP		·		17Y-ST	- ZIP				
TITLE		□ DE	ELETE 6.1 TI	TLE	1			Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$1	IREET A	ADDRESS				
CITY-ST-ZIP		·		ITY- \$1					
informatio	n indicated on this annual report or s	supplemental annual ri r the receiver or trustei	eport is true and a e empowered to a	accur exocu	ate and that nate this report	in Section 119.07(3)(i), Florida Statule ny signature shall have the same leg as required by Chapter 607, Florida	al effect as Statutes; an	if made und	de tith; that ar