FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V59176** **(0)**

1. Corporation Name

C & S JANITORIAL SERVICE UNLIMITED, INC.

Principal Place of Business	Mailing Address
4703 MUSKOGEE CT. #6 TAMPA FL 33610 US	4703 MUSKOGEE CT. #6 TAMPA FL 33610 US

3. Date Incorporated or Qualified: **08/20/1992**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3133104** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1402 Thistledown Drive	26 1402 Thistle-down Drive
Suite, Apt. #, etc. 22 Brandon Fla	Suite, Apt. #, etc. 27 Brandon Fla
City & State 23 33510	City & State 28 33510
Zip / Country 24 / 25 US	Zip / Country 29 / 30 US

9. Name and Address of Current Registered Agent

GILMORE, RICARDO L.
610 WEST HORATIO ST.
TAMPA FL 33606

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 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 _____ DATE _____

Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent's signature required if changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CURRY, LULA		1.2 NAME		
STREET ADDRESS	4703 MUSKOGEE CT, #6		1.3 STREET ADDRESS	1402 Thistle down Drive	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Brandon Fla 33510	
TITLE	DCP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONALDSON, DORIS		2.2 NAME		
STREET ADDRESS	5508-86 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ 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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lula Curry Lula Curry President 4-30-96 (813) 681-2253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)