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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90240 003 ***150.00

DOCL	IMENT	# 1	U92701

וטטטטו	WEIN! # H82/9						
1. Corporation Name ACOUSTA-KLEEN OF CENTRAL FLORIDA, INC.							
ACOUST	A-KLEEN OF CENTRAL FL	ORIDA, ING.			2 100 101 1 101 101 101 101 101 101 101	4:00 0(0)(6:0); C	nan alau (aa)
	-	-					
Drivering Class	of Ducinos	Mailing Address					
Principal Place		Mailing Address	,				
% LEROY S. PAGET							
CASSELBERRY		CASSELBERRY FL 32707			DO NOT WRITE IN THIS	SPACE	
		*****			3. Date Incorporated or Qualifed	•	
	~				10/28/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2594542		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	1
22		27			Fee Re	·	
City & State	9 ·	City & State			6. Election Campaign Financing	\$5.00	
23		28	Country		Trust Fund Contribution	Added to	o rees
Zip	Country	Zip		•	This corporation owes the current year in Personal Property Tax.		₩No
24	9. Name and Address of Curre		30	-	10. Name and Address of New Registered		23,110
	J. Haile and Address of Corre	it registered Agoin	81	Name	Ter traine and t		
PAG	et, Leroy S.					·	
	DEW DROP LANE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
#72			83				
CAS	SELBERRY FL 32707		Ш			——————————————————————————————————————	
			84	City	FI	85 Zip C	Code
-11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named o	and a series and write this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the apporation	intment as reç	gistered
	m lamiliar with, and accept the obliga	ations of, Section 607.0505, Florid	da Glataics.	•			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: F	Registered Agen	t signature req	quired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DS	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	PAGET, MARILYN G		1.2 NAME				İ
STREET ADDRESS	126 DEW DROP LN		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY+ST	r-zip			T Addition
TITLE	DPT	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	PAGET, LEROY S.		2.2 NAME				
STREET ADDRESS	126 DEW DROP LN.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707	E) belete	2. 4 CITY-S	T-ZIP		Channa	Addition
, TITLE		☐ DELETE	3.1 TITLE			☐ Change	Audition
NAME			, 3.2 NAME				
STREET ADDRESS			3.3 STREÉT				
CITY-ST-ZIP	<u> </u>	- DOLETE	3.4. CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Originge	Addition
NAME	·		4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		DELETE	4.4 CITY-ST	r-ZIP		☐ Change	Addition
TITLE		□ bettie	5.1 TITLE 5.2 NAME	-	••		
NAME			5.3 STREET	ADORESS			
STREET ADDRESS		•	5.4 CITY-S1	i			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME	ا به مسود و به ا با هم به سرود چه د ا	2000	6.2 NAME				_

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supp

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS