

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:44

DOCUMENT # K99142

(7)

1. Corporation Name

CLEAN SWEEP PAINTING AND PRESSURE CLEANING, INC.

Principal Place of Business

5840 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

5840 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1989

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0141663

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

6. This corporation has liability for intangible tax under s. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ARNOLD, RUTH
5840 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ARNOLD, RUTH L
STREET ADDRESS 5840 ROYAL PALM BCH BLVD
CITY - ST - ZIP ROYAL PALM BEACH FL

TITLE D
NAME ARNOLD, VAUGH R., III
STREET ADDRESS 5840 ROYAL PALM BCH BLVD
CITY - ST - ZIP ROYAL PALM BEACH FL

TITLE D
NAME LIFSHITZ, BARBRA
STREET ADDRESS 168 MEADOWLARK DR
CITY - ST - ZIP ROYAL PALM BEACH FL

TITLE D
NAME LIFSHITZ, MICHAEL
STREET ADDRESS 12621 WESTHAMPTON CIR.
CITY - ST - ZIP WELLINGTON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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: Ruth Lifshitz Arnold RUTH LIFSHITZ ARNOLD

6/9/95

407-793-1509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR