

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ³⁻¹⁴⁻⁹⁵ 6-2092-C

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 MAR 14 AM 10:10

DOCUMENT # L63888 (6)

1. Corporation Name

BULLSEYE PRESSURE WASHING, INC.

Principal Place of Business

% CHARLES GREENE
9899 CROSS PINE CT
LAKE WORTH FL 33467

Mailing Address

% CHARLES GREENE
9899 CROSS PINE CT
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

01/28/1994

4. FEI Number

65-0189574

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 intangibles under S. 109.032,
Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GREENE, CHARLES
9899 CROSS PINE CT
LAKE WORTH FL 33467

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 of Registered Agent and the Corporation)

(Signature of Registered Agent required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRENE, CHARLES
STREET ADDRESS 9899 CROSS PINE CT
CITY-STATE-ZIP LAKE WORTH FL

TITLE V
NAME SYLVAIN, JOHN
STREET ADDRESS 5020D ELMHURST RD
CITY-STATE-ZIP W PALM BCH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS DELETE
24 CITY-STATE-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this report is true and accurate and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reflected 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 report appears on the back of this report, if it is required, or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

3/8/95 6840259 (407)