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FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000063918 (5)

1. Corporation Name

THE FLAT MOP CORPORATION

Principal Place of Business

Mailing Address

206 COLLEGE DR
ORANGE PARK FL 32065
US

P. O. BOX 1717
ORANGE PARK FL 32067
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3030 BRAVO COURT

Suite, Apt. #, etc.

22 City & State

23 ORANGE PARK, FL

24 Zip 32065

Country

25 FLA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

59-3206112

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, TEDDY J
921 BLANDING BLVD.
ORANGE PARK FL 32065

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 filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARCIA, TEDDY J
STREET ADDRESS 921 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL 32065

☐ DELETE

TITLE D
NAME GARCIA, MARSHA E
STREET ADDRESS 921 BLANDING BLVD.
CITY-ST-ZIP ORANGE PARK FL 32065

☐ DELETE

TITLE D
NAME ELLIOTT, ORVILLE G
STREET ADDRESS 4421 SADDLEHORN TRAIL
CITY-ST-ZIP MIDDLEBURG FL 32068

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 *[Signature]* 1/15/98 (904) 224-7200

CR2E034 (10/97)