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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000070131 (3)**

1. Corporation Name
DISASTER KLEENUP OF TAMPA, INC.

Principal Place of Business
4506 W. CAYUGA STREET
TAMPA FL 33614

Mailing Address
4506 W. CAYUGA STREET
TAMPA FL 33614-6945

3. Date Incorporated or Qualified: **08/21/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3394845 — 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

9. Name and Address of Current Registered Agent
DOYLE, JOHN M
4506 W. CAYUGA STREET
TAMPA FL 33614

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 _____ 8/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary/Treasurer ☐ DELETE	1.1 TITLE President/Secretary/Treasurer	☐ Change ☒ Addition
NAME	John M Doyle	1.2 NAME John M. Doyle	
STREET ADDRESS	4506 W CAYUGA ST	1.3 STREET ADDRESS 4506 W. Cayuga Street	
CITY-ST-ZIP	TAMPA FL 33614	1.4 CITY-ST-ZIP Tampa, FL 33614	
TITLE	V.P ☐ DELETE	2.1 TITLE Vice President	☐ Change ☒ Addition
NAME	MICHAEL J MAHONEY	2.2 NAME Michael J. Mahoney	
STREET ADDRESS	4506 W CAYUGA ST	2.3 STREET ADDRESS 4506 W. Cayuga Street	
CITY-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP Tampa, FL 33614	
TITLE	VP ☐ DELETE	3.1 TITLE Vice President	☐ Change ☒ Addition
NAME	STEPHEN D. MAHONEY	3.2 NAME Stephen D. Mahoney	
STREET ADDRESS	4506 W CAYUGA ST	3.3 STREET ADDRESS 4506 W. Cayuga Street	
CITY-ST-ZIP	TAMPA FL 33614	3.4 CITY-ST-ZIP Tampa, FL 33614	
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	

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14. I do 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: _____ 8/29/97

CR2E034 (9/96)