

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90105 048 \*\*\*150.00

03/10/99

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000070131**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **5433 W CRENSHAW ST**

2a. Mailing Address

26 **5433 W CRENSHAW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **TAMPA FL**

City & State

28 **TAMPA FL**

Zip

24 **33634** 25 **USA**

Zip

29 **33634** 30 **USA**

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 **DOYLE, John M**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5433 W CRENSHAW ST**  
 83  
 84 City **TAMPA** 85 Zip Code **FL 33634**

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)

**1/9/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PST	DOYLE, JOHN M	4506 W. CAYUGA STREET	TAMPA FL 33614	<input type="checkbox"/>
V	MAHONEY, MICHAEL J	4506 W. CAYUGA STREET	TAMPA FL 33614	<input type="checkbox"/>
V	MAHONEY, STEPHEN D	4506 W. CAYUGA STREET	TAMPA FL 33614	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5433 W. Crenshaw St.	Tampa, FL 33634	<input checked="" type="checkbox"/>
		5433 W. Crenshaw St.	Tampa, FL 33634	<input checked="" type="checkbox"/>
		5433 W. Crenshaw St.	Tampa, FL 33634	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/99 (813) 386-3444**

CR2E034 (1/98)