

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90090 038 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000098735

1. Corporation Name
ALL CLEAN COMMERCIAL CLEANING SERVICE, INC.

Principal Place of Business
**5010 HEADLAND HILLS
 TAMPA FL 33625**

Mailing Address
**5010 HEADLAND HILLS
 TAMPA FL 33625**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1997

4. FEI Number **59-3479308** 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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

~~COLE, KIMBERLY W CPA
 7628 N. 56TH STREET
 SUITE #15
 TAMPA FL 33617~~

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | DELETED | 1.1 TITLE | Change Addition |
| TITLE: D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: TOLLEY, WILLIAM | | 1.2 NAME | |
| STREET ADDRESS: 5010 HEADLAND HILLS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP: TAMPA FL 33625 | | 1.4 CITY-ST-ZIP | |
| TITLE: D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: TOLLEY, HILARIA | | 2.2 NAME | |
| STREET ADDRESS: 5010 HEADLAND HILLS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP: TAMPA FL 33625 | | 2.4 CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 3.2 NAME | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 4.2 NAME | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 5.2 NAME | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP | |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: | | 6.2 NAME | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)