

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05/11/1994

DOCUMENT # S02517 (8)

1. Corporation Name
SUPERIOR CARPET CLEANING OF TAMPA, INC.

Principal Place of Business: **P.O. Box 2780, 12514 SPOTTWOOD DRIVE, RIVERVIEW FL 33569 US**
 Mailing Address: **P.O. Box 2780, 12514 SPOTTWOOD DRIVE, RIVERVIEW FL 33569 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/20/1990	05/01/1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3029585	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPBELL, BILLE E., JR. 743 SANDY CRK DR BRANDON FL 02544				81 Name			
10311 Sedgebrook Place Riverview, FL 33569				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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **Bille E. Campbell, Jr.**

SIGNATURE: Barbara E. Steiner Secretary/Treasurer 6-19-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BILLE E., JR.	12 NAME	
STREET ADDRESS	743 SANDY CRK DR	13 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JULIE L.	22 NAME	
STREET ADDRESS	743 SANDY CRK DR	23 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	24 CITY - ST - ZIP	
TITLE	DST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENER, BARBARA	32 NAME	
STREET ADDRESS	12514 SPOTTWOOD DR.	33 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL	34 CITY - ST - ZIP	
TITLE	DV	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DAVID A	42 NAME	
STREET ADDRESS	1717 WAIKIKI WAY	43 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	44 CITY - ST - ZIP	
TITLE	DV	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ALAN R.	52 NAME	
STREET ADDRESS	12514 SPOTTWOOD DR	53 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbara E. Steiner Secretary/Treasurer 06-19-95 817-671-2323

CR2E034 (3/95)