Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90054 048 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 350190

1. Corporation Name

CLEAR-VIEW CLEANING CONTRACTORS INC

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Principal Place of Business Mailing Address						- I INDIAN ISINI ANINI SURIE (ASI) DASI DIGIT STATE BIRIT ATAU STATE	' '	
118 49TH STREET SOUTH ST PETERSBURG FL 33707 118 49TH STREET SOUTH ST PETERSBURG FL 33707							·	!
							DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 07/31/1969			
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For	
21 26							59-1286323 Not Applicab	le
Suite, Apt. #, etc. Suite, Apt. #			Suite, Apt. #, etc.	#, etc.			5. Certificate of Status Desired \$8.75 Additional	- }
22			·				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	- {
23			28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Cour				8. This corporation owes the current year Intangible	- }
24	25	29		30	,		Personal Property Tax. Yes No	
	9. Name and Address of Current	Regist	tered Agent		-		10. Name and Address of New Registered Agent	
LIII 2	MALTED A				81	Name	· •	- 1
HILL, WALTER A.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	\neg
118 49 STREET, SOUTH ST. PETERSBURG FL 33707								
31.1	PETERSOUNG FL 33707				83			l l
ļ	•				84	City	85 Zip Code	\neg
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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 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								'
SIGNATURE								
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered agent				Agen	nt signature required		3
12.	OFFICERS ANI	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
TITLE	PSD		☐ DELETE	1.1 TE		İ		
NAME {	HILL, WALTER A.			1.2 NA			•	8
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6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP