

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 050 ***150.00

DOCUMENT # 490405

1. Corporation Name
GREEN TREE CLEANERS, INC.

Principal Place of Business

**2302 IMMOKALEE RD.
NAPLES FL 33942**

Mailing Address

**2302 IMMOKALEE RD.
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1975

4. FEI Number

59-1632025

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 2302 IMMOKALEE RD

2a. Mailing Address

26 2302 IMMOKALEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

Country

Zip

Country

24 34110

25

29 34110

30

9. Name and Address of Current Registered Agent

**ROSS, THOMAS
2302 IMMOKALEE ROAD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

ROSS, THOMAS

82 Street Address (P.O. Box Number is Not Acceptable)

2302 IMMOKALEE ROAD

83

84 City

NAPLES

FL

85 Zip Code

34110

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 **X Thomas Ross**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ROSS, THOMAS**
STREET ADDRESS **510 15TH ST SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **VP** ☒ DELETE
NAME **BURKE, CATHI**
STREET ADDRESS **510 15TH ST SW**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

Daytime Phone #

CR2E034 (1/98)