

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

555038
FLEET & Mobile KLEEN INC.

Principal Place of Business

Mailing Address

3300 S.W. 147th PLACE BOYNTON BEACH, FLA. 33426

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

BOYNTON FLA

SAME

24 Zip

25 Country

29 Zip

30 Country

33426

F.B.

33426

FLA.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of last Report

77

95

4. EFT Number

Applied For

59-1784096

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 agent or registered agent, or both, in this State of Florida, such change was authorized by the familiar with and accept the obligations of Section 607.0505, Florida Statutes.

I, the named corporation submits this statement for the purpose of changing its registered office or registered agent. I hereby accept the appointment as registered agent. I am

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PRESIDENT**

STREET ADDRESS **RICHARD N. JONES**

CITY-ST-ZIP **5365 WINCHESTER WOODS**

L.W. FLA.

TITLE ☐ DELETE

NAME **V.P.**

STREET ADDRESS **COLLEEN M. JONES**

CITY-ST-ZIP **See Above**

TITLE ☐ DELETE

NAME **V.P.**

STREET ADDRESS **KENNY RICK**

CITY-ST-ZIP **344 DAVIS RD**

PAIM SPRING FLA

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

700001819847

-05/14/96-01018-018

*****225.00**

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, 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, unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. JONES

5/6/96

Daytime Phone

CR2E034 (12/95)