**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 621202

1. Corporation Name LOOPER CLEANING SYSTEMS, INC.

Principal Place of Business 405 - 48TH ST. N.W. **BRADENTON FL 34209** 

Mailing Address

405 - 48TH ST. N.W. **BRADENTON FL 34209** 

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

04-19-1999 90055 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed		
					05/08/1979		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	Applied For	
21		26			59-1961100	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	8.75 Additional Fee Required	
City & Stat	e"	- City & State-	~		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	у	8. This corporation owes the current year Intang	ible	
24	25 29 30				Personal Property Tax.		
1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Age	ent	
	<del></del>		8	1 Name			
FARRANCE, ROBERT A				2 Street A	ddress (P.O. Box Number is Not Acceptable)		
405 48TH ST				Z Street A	duless (F.O. Box Number is Not Acceptable)		
BRADENTON FL				3			
			L				
			8	4 City		B5 Zip Code	
		4500 51-11-01-11-	. 46		I be	noing its registered	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida Such change was au	s, the abo thorized b	ve-named c v the corpo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointm	ent as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statute	s.			
SIGNATURE							
0.0	Signature, typed or printed name of registered age		_	ent signature re	quired when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	PTD	☐ DELETE	1.1 TITLE		_	Change	
NAME	LOOPER, BRUCE T		1.2 NAME				
STREET ADDRESS	405 48TH ST		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	BRADENTON FL 1		1.4 CITY-	ST-ZIP			
TITLE			2.1 TITLE			Change  Addition	
NAME	LOOPER, CHARLENE R		2.2 NAME				
STREET ADDRESS	405 48TH ST		23.STRE	ET ADDRESS			
	BRADENTON FL		2. 4 CITY				
CITY-ST-ZIP TITLE	BRADENTON FE	☐ DELETE	3.1 T/TLE		- · · · · · · · · · · · · · · · · · · ·	Change Addition	
			3.2 NAME				
NAME						•	
STREET ADORESS				ET ADORESS			
C:TY-ST-ZIP			3.4. CITY			Change Addition	
TITLE		☐ DELETE	4.1 TITLE	1	L	Totalinge Til vocalion	
NAME			4.2 NAM				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		<u></u>	4.4 CITY	ST-ZiP			
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAMI	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	,		5.4 CITY	·ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	:	. [	Change Addition	
			6.2 NAM	:			
NAME	1			ET ADDRESS			
STREET ADDRESS				1			
CITY-ST-ZIP			6.4 CITY		in Section 119 07/3\(\text{ii}\) Florida Statutes I further certify		

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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: