## 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

| D  | OCUMENT          | # | 625278  |
|----|------------------|---|---------|
| 1. | Corporation Name |   | OLUL: O |

**BROOKSVILLE CLEANERS, INC.** 

## FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90115 041 \*\*\*150.00

| _   ] <b>             </b> | BIAN BIRN BIRN BIRN BIRN |
|----------------------------|--------------------------|

| 4.5-29          |   |  |          |            |  |  |                   |                  |         |
|-----------------|---|--|----------|------------|--|--|-------------------|------------------|---------|
| Principal Place | e of Business                                 | Mailing Address                            |          |            |  | - I TOBLIE BENIG ILEAN BUTTO LIGHT COURS INC. ALS.   | OLDEI OFAIT BIBIT | Milit asast (88) |         |
| 104 SOUTH MA    | IN STREET                                     | 104 SOUTH MAIN STREET                      |          |            |  | Section 1  |                   | -1               |         |
| BROOKSVILLE     |   | BROOKSVILLE FL 34601                       |          |            |  | DO NOT WRITE IN THI  | e edace           | धन्ते । इ.       |         |
| , ,             |   |  |          |            |  | 3. Date Incorporated or Qualifed   | 3 SPACE           |                  | 1       |
|                 |   |  |          |            |  | 06/08/1979   |                   | ļ                |         |
| 2 Principal P   | ace of Business                               | 2a. Mailing Address                        |          |            |  | 4. FEI Number  | - Ar              | pplied For       |         |
| 2. Finicipal F  | ace of business                               | 26   |          |            |  | 59-1916944   | <u> </u>          | ot Applicable    |         |
| Suite, Apt.     | #, etc.                                       | Suite, Apt. #, etc.                        |          |            |  |  | \$8.75            | Additional       | ĺ       |
| 22              | .,  | 27   |          |            |  | 5. Certifcate of Status Desired  |                   | equired          |         |
| City & State    | 9   | City & State                               |          |            |  | 6. Election Campaign Financing   | \$5.00            | May Be           |         |
| 23              |   | 28   |          |            |  | Trust Fund Contribution  | Added             | to Fees          |         |
| Zip             | Country                                       | Zip  | Cou      | intry      |  | 8. This corporation owes the current year I  | -32               | <b>-1.</b> .     |         |
| 24              | 25  |  | 0        |            |  | Personal Property Tax.   | Yes               | □No              | ŀ       |
|                 | 9. Name and Address of Co                     | urrent Registered Agent                    |          | 81 N       | <b>1</b>   | 10. Name and Address of New Registere  | 1 Agent           |                  | 1       |
| 'DI A           | CK, EDMOND W                                  |  |          | ן יפ       | lame   |  |                   | 1                |         |
|                 | II GOV'T RD                                   |  |          |            | treet Addres                                       | ss (P.O. Box Number is Not Acceptable)   |                   |                  |         |
|                 | S MAIN ST                                     |  |          | 83         |  |  |                   |                  | 1       |
|                 | OKSVILLE FL 34601                             |  |          | 03         |  |  |                   | 1                |         |
| D110            | ONOTICE TE STOOT                              |  |          | 84 C       | ity  |  | 85 Zip            | Code             |         |
|                 |   | OFFICE AFOR FILE OF THE                    |          | <u> </u>   |  | The state was the state ment for the surroge of  | of obsession its  | registered       | }       |
| office or r     | egistered agent or both in the S              | State of Florida. Such change was aut      | nonzec   | i by the   | corporation  | ration submits this statement for the purpose or<br>s's board of directors. I hereby accept the app  | ointment as re    | gistered         | -       |
| agent. I a      | m familiar with, and accept the o             | obligations of, Section 607.0505, Florid   | la Stati | utes.      |  |  | _                 |                  | ļ       |
| SIGNATURE       | Edmond W.                                     | Wach                                       |          |            |  | 4-14-  | 7/                |                  | _ ا     |
| 12.             | Signature, typed or printed name of registers | ed agent and title if applicable. (NOTE: F | 13.      | Agent sig  | nature required v                                  | when reinstatung) DATE ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO        | <br>DRS IN 12    | (11/98) |
| TITLE           | PD  | DELETE                                     | 1.1 T    | TLE        | <del>-     -   -   -   -   -   -   -   -   -</del> |  | Change            | Addition         | 1-1     |
| NAME            | BLACK, RUTH ANN                               |  | 1.2 NAME |            |  |  |                   |                  |         |
| STREET ADDRESS  | 13311 GOV'T RD.                               |  | 1.3 \$1  | TREET ADI  | DRESS  |  |                   |                  | R2E034  |
| CITY-ST-ZiP     | BROOKSVILLE FL                                |  |          | TY-ST-ZII  |  |  |                   |                  | 2       |
| TITLE           | S   | ☐ DELETÉ                                   | 2.1 TT   |            |  |  | Change            | Addition         | 0       |
| NAME            | BLACK, EDMOND W.                              |  | 2.2 N    | AME        |  |  |                   | , -              |         |
| STREET ADDRESS  | 13311 GOV'T RD.                               | ,  | 2.3 STRE |            | ORESS  |  |                   |                  |         |
| CITY-ST-ZIP     | BROOKSVILLE FL                                |  | 2.4 C    | ITY-ST-ZI  | Р  |  |                   |                  |         |
| TITLE           |   | ☐ DELETE                                   | 3.1 11   |            |  |  | ☐ Change          | ☐ Addition       |         |
| NAME            |   | ;  | 3.2 N    | AME        |  | •  |                   |                  |         |
| STREET ADDRESS  |   |  | 3.3 S    | TREET AD   | DRESS  |  |                   |                  | 1       |
| CITY-ST-ZIP     |   |  | 3.4. C   | ITY-ST-Z   | P  |  |                   |                  | }       |
| TITLE           |   | ☐ DELETE                                   | 4.1 TI   | TLE        |  |  | ☐ Change          | Addition         |         |
| NAME            |   |  | 4. 2 N   | IAME       |  |  |                   |                  |         |
| STREET ADDRESS  |   |  | 4.3 \$7  | TRËET AD   | DRESS  |  |                   |                  | ĺ       |
| CITY-ST-ZIP     |   |  | 4.4 CI   | ITY-ST-ZII | -  |  |                   |                  |         |
| TITLE           |   | ☐ DELETE                                   | 5.1 TI   |            |  |  | Change            | Addition         |         |
| NAME            |   |  | 5.2 N    | ĀME ⋽      |  | The state of the s |                   | المراجع المرود   |         |
| STREET ADDRESS  |   |  | 5.3 ST   | TREET AD   | DRESS  |  | •                 |                  |         |
| CITY-ST-ZIP     |   |  |          | TY-ST-ZII  | •  |  |                   |                  |         |
| TITLE           |   | ☐ DELETE                                   | 6.1 TI   |            |  |  | ☐ Change          | Addition         |         |
| NAME            |   |  | 6.2 N    |            |  |  |                   |                  |         |
| STREET ANDRESS  |   |  | 6.3 5    | TREET AD   | DRESS  |  |                   |                  | 1       |

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.

6.4 CITY-ST-ZIP

SIGNATURE: