

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90205 032 ***150.00

DOCUMENT # 642168

1. Corporation Name
MIKE'S CLEANING SERVICE, INC.

Principal Place of Business

3400 TAMiami TRL NO
STE 202
NAPLES FL 34103
US

Mailing Address

3400 TAMiami TRL NO
STE 202
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1979

4. FEI Number

59-1951166

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

2a. Mailing Address

21 216 YORKSHIRE CT

26 PO. Box 2385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NAPLES

27 NAPLES FL.

City & State

City & State

23 FLORIDA

28 Florida

Zip

Country

24 34106 25 US

Zip

Country

29 34106 30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GURGES, DIANA
1145 WESTLAKE BLVD
NAPLES FL 34103

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GURGES, MICHAEL
STREET ADDRESS 1145 WESTLAKE BLVD.
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE STD
NAME GURGES, DIANA
STREET ADDRESS 1145 WESTLAKE BLVD.
CITY-ST-ZIP NAPLES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME RENAULT, LOSIER Edna
1.3 STREET ADDRESS 216 YORKSHIRE CT.
1.4 CITY-ST-ZIP NAPLES, FLA.

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME RENAULT, BERNARD
2.3 STREET ADDRESS 216 YORKSHIRE CT.
2.4 CITY-ST-ZIP NAPLES, FLA.

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Edna Losier Renault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-99 (941) 417-5411
Date Daytime Phone #

CR2E034 (11/98)

0455371