

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **687851** (6)

1. Corporation Name  
**CLASSIC CARE CARPET CLEANING COMPANY**



Principal Place of Business: **1580 ARDEN STREET LONGWOOD FL 32750**  
Mailing Address: **1580 ARDEN STREET LONGWOOD FL 32750**

3. Date Incorporated or Qualified: **09/16/1980**  
3a. Date of Last Report: **08/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number <b>52-1196727</b>	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
					Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	Zip	28	Zip	6	Election Campaign Financing		
	Country		Country		Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24		29		8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
		30				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HUTCHINSON, E. THOMAS  
1580 ARDEN STREET  
LONGWOOD FL 32750**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINSON, E. THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>1580 ARDEN ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINSON, CYNTHIA J.</b>	2.2 NAME	
STREET ADDRESS	<b>1580 ARDEN ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), 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 change of name on an attachment with an address.

SIGNATURE: *E. Thomas Hutchinson* Date: **2/26/96** Daytime Phone #: **(407) 831-8289**

CR2E034 (12/95)