FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FLORIDA COMMERCIAL CLEANING, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					OSI OLDIK OLDIL OLDIL ALDIL JOSI	
1381 MANOR HOUSE DR. 1381 MANOR HOUSE DR.						
TALLAHASS	TALLAHASSEE FL 323					
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 06/16/1981	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2095621	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the cu	
24	25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
н	IATTAWAY, JAMES E			81 Name		
1381 MANOR HOUSE DR			+	B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32312				Oli Obit Auc	circas (1.0. box (4dinosi is Not Acceptable)	
				63		
				84 City	FI	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: typicd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typied or printed name of registered agr	onLand title if applicable. (N ID DIRECTORS	O1E: Registered	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10
TITLE	PD	DELETE	1,1 111	E	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	HATTAWAY, JAMES E		1.2 NA			Change C Watton
	1381 MANOR HOUSE DRIVE					
STREET ADDRESS	TALLAHASSEE FL	•		REET ADDRESS		
CITY-ST-ZIP TITLE	V	DELETE	2.1 1iTi	Y-ST-ZIP		Change Addition
NAME	SHEPARD, MADELINE B	occen	- 1	1		C Ollarige C Adolton
	ROUTE 1, BOX 386		2.2 NAI			
STREET ADDRESS	SOPCHOPPY FL			REFT ADDRESS		
CITY-ST-ZIP	e soronori re	☐ DELETE		Y-ST-ZIP		Charge Liddition
TITLE	MATTAWAY PRIDEDIVA	CT DECEIF	3.1 717	l.		Change Addition
NAME	HATTAWAY, KIMBERLY A. 1381 MANOR HOUSE DRIVE	•	3.2 NAI	ſ		
STREET ADDRESS	TALLAHASSEE FL			REET ADDRESS		
CITY-ST-ZIP	INLLAINSSEE FL	DELETE		Y-ST-ZIP		Phones T 1339
TITLE	1	□ Dettelle	4.1 TiT			Change Addition
NAME			4. 2 NA			
STREET ADDRESS]			REET ADDRESS		
CITY-ST-ZIP		Lotier		Y-ST-ZIP		Change Addition
TITLE	1	□ DELEÎE	5.1 TIT			Change Addition
NAME			5.2 NAI			
STREET ADDRESS	1		5.3 STF	LEET ADDRESS		
CITY-ST-ZIP		To the same		Y-SI-ZIP		
TITLE		DELETE	6.1 TIT	.E		Change Addition
NAME			6.2 NAI	ME .		
STREET ADDRESS			6.3 STF	EET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CIT	Y - \$1 - ZIP		

14. Thereby 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 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 all all actions that it is needed to execute this report as required by Chapter 607.

CIGNATURE.

W25/9B

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