

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 697449 (7)

1. Corporation Name

FABRICLEAN, INC.

Principal Place of Business

**2912 N FORSYTH RD
WINTER PK FL 32992
US**

Mailing Address

**2615 S.GOLDENROD RD.
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/01/1981

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2132836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under G. 129.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

32792

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHERWOOD, RONALD EDWARD
2615 S.GOLDENROD RD.
ORLANDO FL 32822**

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 Florida corporation)

(Printed Registered Agent signature and date)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**S
SHERWOOD, ELIZABETH
2815 S. GOLDENROD ROAD
ORLANDO FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
SHERWOOD, RONALD E.
2815 S GOLDENROD RD.
ORLANDO FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VP
HIRST, HAROLD
3807 EDLAND DR
ORLANDO FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**T
SHERWOOD, ELIZABETH
2815 S GOLDENROD RD
ORLANDO FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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(2)(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 changed, or on an attachment with an address.

SIGNATURE:

Elizabeth Sherwood
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH SHERWOOD

20 April 1995 **407-679-5908**
Date Secretary's Phone #