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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 16 1997 8:00am

Secretary of State

## DOCUMENT # F9600005062 (2)

PROCLEAN OF LOUISIANA, INC.

| Principal Place                 | e of Business                                                                                                   | Mailing Address                      | Mailing Address    |             | T TOUTTON THE TARTE OUTLE ORDIN BOUT OR THE ORDIN BOUT OF BEING BOUT BOUT THE |                                                                                      |                                         |                                 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|-------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|
| 725 HWY 98 E<br>DESTIN FL 32541 |                                                                                                                 | 725 HWY 98 E<br>DESTIN FL 32541-2505 | :                  |             |                                                                               |                                                                                      |                                         |                                 |
|                                 |                                                                                                                 |                                      |                    |             |                                                                               | 3. Date incorporated or Qualified 09/30/1996                                         | 3a. Date of Last                        | Report                          |
|                                 | lace of Business                                                                                                | 2a. Mailing Address                  | :                  |             |                                                                               | 4. FEI Number                                                                        | F                                       | Applied For                     |
| 21                              | D .4.                                                                                                           | 26                                   |                    |             |                                                                               | 72-1078368                                                                           |                                         | Not Applicable                  |
| Suite, Ap1. #, etc.             |                                                                                                                 | Suite, Apt. #, etc.                  |                    |             |                                                                               | 5. Certificate of Status Desired                                                     |                                         | Additional<br>Required          |
| City & State                    | 6                                                                                                               | City & State                         | i                  |             |                                                                               | 6. Election Campaign Financing                                                       |                                         | 0 May Be                        |
| 23                              |                                                                                                                 | 28                                   |                    |             |                                                                               | Trust Fund Contribution                                                              |                                         | o to Fees                       |
| l Zip                           | Country                                                                                                         | Z <sub>i</sub> p                     | Cour               | ntry        | !                                                                             | 8. This corporation has liability for in                                             |                                         | s. 199.032,                     |
| 24                              | 25 29 30 30 9. Name and Address of Current Registered Agent                                                     |                                      | 30                 | <del></del> |                                                                               | Florida Statutes Yes No                                                              |                                         |                                 |
|                                 |                                                                                                                 | rent Hegistered Agent                |                    | 81          | Name                                                                          | 10. Name and Address of New Reg                                                      | Jistered Agent                          |                                 |
|                                 | ilechter, alvin e<br>e hwy 98                                                                                   |                                      |                    |             |                                                                               |                                                                                      |                                         |                                 |
|                                 | TIN FL 32541                                                                                                    |                                      |                    | 82          | Street Addre                                                                  | ddress (P.O. Box Number is Not Acceptable)                                           |                                         |                                 |
| , DC0                           | THE L DEST!                                                                                                     |                                      | : -                | 83          | · · · · · · · · · · · · · · · · · · ·                                         |                                                                                      |                                         |                                 |
| *                               |                                                                                                                 |                                      | :                  |             | 01.                                                                           |                                                                                      | Tool 3                                  |                                 |
| ر 1                             |                                                                                                                 |                                      | :                  | 84          | City                                                                          |                                                                                      | FL 85 Zip                               | o Code                          |
| l "office or n                  | to the provisions of Sections 607.<br>egistered agent, or both, in the St<br>m familiar with, and accept the ot | tate of Florida. Such change wa      | as authorized      | i by        | v the corporation                                                             | oration submits this statement for the po<br>on's board of directors. I hereby accep | urpose of changing<br>the appointment a | its registered<br>is registered |
| SIGNATURE                       | . ,                                                                                                             |                                      |                    |             |                                                                               |                                                                                      |                                         |                                 |
|                                 | Signature, typed or printed name of registered                                                                  |                                      |                    | Ago         | ont signature require                                                         |                                                                                      | DATE                                    |                                 |
| 12.                             | DCP                                                                                                             | AND DIRECTORS  DELETE                | 13.                | ı F         |                                                                               | ADDITIONS/CHANGES TO OFFICE                                                          | ERS AND DIRECTO  Change                 |                                 |
| NAME                            | RAY, GLENN                                                                                                      | L Detter                             | 1.2 NA             |             |                                                                               |                                                                                      | Change                                  | Addition                        |
| STREET ADDRESS                  | 725 HWY 98 E                                                                                                    |                                      |                    |             | ADDRESS                                                                       |                                                                                      |                                         |                                 |
| CITY-ST-ZIP                     | DESTIN FL 32541                                                                                                 |                                      | 1.4 CIT            |             |                                                                               |                                                                                      |                                         |                                 |
| TITLE                           | ST DELETE                                                                                                       |                                      |                    | 2.1 TITLE   |                                                                               |                                                                                      | ☐ Change                                | Addition                        |
| NAME                            | ray, mary z                                                                                                     |                                      | 2. <b>≵</b> NA     | 2.2 NAME    |                                                                               |                                                                                      |                                         | -                               |
| STREET ADDRESS                  | 725 HWY 98 E                                                                                                    |                                      | 2.3 STI            | REET        | ADDRESS                                                                       | ولية ا                                                                               | *.                                      |                                 |
| CITY-ST-ZIP                     | DESTIN FL 32541                                                                                                 |                                      | 2. 4 CI            |             | ST-ZIP                                                                        |                                                                                      |                                         |                                 |
| TITLE                           |                                                                                                                 | ☐ DELETE                             | 3.† T(T            |             |                                                                               |                                                                                      | Change                                  | Addition                        |
| NAME<br>CTOTET ADODESE          |                                                                                                                 |                                      | 3.2 NA             |             | I I DODGGG                                                                    |                                                                                      |                                         |                                 |
| STREET ADDRESS  CITY-ST-ZIP     |                                                                                                                 |                                      |                    |             | ADDRESS                                                                       |                                                                                      |                                         |                                 |
| TITLE                           |                                                                                                                 | DELETE                               | 3.4. CI<br>4.1 Tit |             | >1 - ZIF                                                                      |                                                                                      | Change                                  | Addition                        |
| NAME .                          |                                                                                                                 | <del></del>                          | 4, 2 NA            |             |                                                                               |                                                                                      |                                         |                                 |
| STREET ADDRESS                  |                                                                                                                 |                                      | 4.3 \$16           | REE1        | ADDRESS                                                                       |                                                                                      |                                         |                                 |
| CITY-ST-ZIP                     |                                                                                                                 |                                      | 4.4 CIT            |             |                                                                               |                                                                                      |                                         |                                 |
| TITLE                           |                                                                                                                 | DELETE                               | 5.1 TiT            |             |                                                                               |                                                                                      | Change                                  | ☐ Addition                      |
| NAME                            |                                                                                                                 |                                      | 5.2 NA             | ME          |                                                                               |                                                                                      |                                         |                                 |
| STREET ADDRESS                  |                                                                                                                 |                                      |                    |             | ADORESS                                                                       |                                                                                      |                                         |                                 |
| CITY-ST-ZIP                     |                                                                                                                 | T prieve                             | 5.4 CIT            |             | 1-ZIP                                                                         |                                                                                      | I lou                                   | [] x a ass.                     |
| TITLE                           |                                                                                                                 | ☐ DELETE                             | 6.1 TIT            |             |                                                                               |                                                                                      | Change                                  | Addition                        |
| NAME<br>STREET ADDRESS          |                                                                                                                 |                                      | 6.2 NA             |             | ADODGGG                                                                       |                                                                                      |                                         |                                 |
| CITY_CT_2IP                     |                                                                                                                 |                                      | 6.3 SH             |             | ADDRESS                                                                       |                                                                                      |                                         |                                 |

14. I do 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 eath; 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.