FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G41659** (5)

1. Corporate Name
LEE'S CLEANING SERVICE, INC.

Principal Place of Business
5241 SOUTH DALE MABRY
P.O. BOX 19313
TAMPA FL 33686

Mailing Address
5241 SOUTH DALE MABRY
P.O. BOX 19313
TAMPA FL 33686

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 06/01/1983
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # or — 22
Suite Apt. # or — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 59-2309713 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporate has been in existence for more than 6 months under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GARNO, DAVID M.
5241 SOUTH DALE MABRY
TAMPA FL 33686

10. Name and Address of New Registered Agent
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 Section 607.0501, 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 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	C	GARNO, LEE	☒ Change ☐ Addition
NAME	GARNO, LEE	DECEASED 6/21/94	
STREET ADDRESS	5241 SOUTH DALE MABRY		
CITY ST ZIP	TAMPA FL		
TITLE	P		☐ Change ☐ Addition
NAME	GARNO, DAVID		
STREET ADDRESS	5241 SOUTH DALE MABRY		
CITY ST ZIP	TAMPA FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I hereby certify that the information supplied with this filing, and accompanying annual report, is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: 7/27/95 (813) 839-2032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0444777 FP