

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 13 1996 8:00 am  
Secretary of State

DOCUMENT # **H15361** (9)

1. Corporation Name  
**SOUTHWEST CLEANING & SERVICE CO.**



Principal Place of Business: 26201 HICKORY BLVD. #100 BONITA SPRINGS FL 33923  
Mailing Address: 26201 HICKORY BLVD. #100 BONITA SPRINGS FL 33923

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: 08/07/1984  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0831651  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**KILPATRICK, R.E.**  
**16650 ISLAND PARK RD., #103**  
**FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 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, Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<b>CORCELLI, DONALD N.</b> [ ] DELETE	11 TITLE: [ ] Change [ ] Addition	
NAME:	<b>5601 CRAYTON RD.</b>	12 NAME:	
STREET ADDRESS:	<b>NAPLES FL</b>	13 STREET ADDRESS:	
CITY-ST-ZIP:	<b>ST</b>	14 CITY-ST-ZIP:	
TITLE:	<b>KILPATRICK, R.E.</b> [ ] DELETE	21 TITLE: [ ] Change [ ] Addition	
NAME:	<b>16650 ISLAND PARK RD.</b>	22 NAME:	
STREET ADDRESS:	<b>FT. MYERS FL</b>	23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE:	[ ] DELETE	31 TITLE: [ ] Change [ ] Addition	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE:	[ ] DELETE	41 TITLE: [ ] Change [ ] Addition	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	[ ] DELETE	51 TITLE: [ ] Change [ ] Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	[ ] DELETE	61 TITLE: [ ] Change [ ] Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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)(k), 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: *R.E. Kilpatrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

(941) 992-6076

CR2E034 (12/95)