

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34134-3704
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3. Date Incorporated or Qualified 08/07/1984	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0831651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 DONALD N. CORCELLI	82 Street Address (P.O. Box Number is Not Acceptable) 26201 HICKORY BLVD
83 City BONITA SPRINGS	84 Zip Code FL 34134

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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

Donald N. Corcelli

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/97

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CORCELLI, DONALD N.
STREET ADDRESS	5001 CRAYTON RD.
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	KILPATRICK, R.E.
STREET ADDRESS	16650 ISLAND PARK RD.
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T
1.2 NAME	
1.3 STREET ADDRESS	9060 GULF SHORE DR
1.4 CITY - ST - ZIP	NAPLES FL 34108
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V.P. SEC
3.2 NAME	MARY E CORCELLI
3.3 STREET ADDRESS	9060 GULF SHORE DR
3.4 CITY - ST - ZIP	NAPLES FL 34108
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0416101

2/23/97 942-597-7302

CR2E034 (9/96)