PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90071 045 ***150.00

DOCUMENT # H15361					
SOUTHWEST CLEANING & SERVICE CO.					
000,1111	icor occinina a ocinio	_ 00.			A MARIANI BIAN HIDDI RHIDA HINDO BIYON HIRO RHOM ALANI BIRNI BIDH BIRNI BIRNI BIRNI 1881 (88)
:	•				
Principal Place	e of Business	Mailing Address			T 1881 Bit Stat 1188 t Bites (1918 attift, 1181 attift, 1181 attift attift attift attift attift attift attift
26201 HICKORY BLVD. 26201 HICKORY BLVD.					
#100 #100					DO NOT WRITE IN THIS SPACE
BONITA SPRING	SS FL 33923	BONITA SPRINGS FL 33923			3. Date Incorporated or Qualifed
					08/07/1984
2. Principal Place of Business 2a. Mailing Address				-	4. FEI Number Applied For
21	•	26			65-0831651 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			Fee Required
City & Stat	9	City & State			6. Election Campaign Financing \$5.00 May Be
23	28			_	Trust Fund Contribution Added to Fees
Zip ¦		Country Zip Cou			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ Yes
24	25	29 30	<u> </u>		Personal Property Tax. LI Yes XINo 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81	Name	
COR	CELLI, DONALD N			<u></u>	
	1 HICKORY BLVD		82	Street A	t Address (P.O. Box Number is Not Acceptable)
	ITA SPRINGS FL 34134		83	 	
i i					
,			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named c	t corporation submits this statement for the purpose of changing its registered
Office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	onzed by	the como	poration's board of directors. I hereby accept the appointment as registered
	· ·				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Rec	istered Ager	nt signature re	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ;	Ţ	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORCELLI, DONALD N.		1.2 NAME		
STREET ADDRESS	9060 GULF SHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE :	VPS	LJ DELETE	2.1 TITLE		Containing
NAME	CORCELLI, MARY E	·	2.2 NAME		
STREET ADDRESS	.9060 GULF SHORE DR -	• •		T ADDRESS	
CITY-ST-ZIP;	NAPLES FL	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		_ Delete	3.2 NAME		
NAME				TADDRESS	<u>,</u> .
CITY-ST-ZIP			3.4. CITY-5		- [
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS				TADDRESS	s l
CITY-ST-ZIP			4.4 CITY+S	T-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				TADDRESS	s
CITY-ST-ZIP	or;		5.4 CITY-S	T-ZIP	
TITLE .		☐ DELETE	6.1 TITLE	}	Change Addition
NAME .			6.2 NAME		
STREET ADDRESS				TADDRESS	5
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

941-463-9531