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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **H73030** **(9)**

1. Corporation Name
ROYAL CARPET CARE AND CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
3100 PINE NEEDLE TRL KISSIMMEE FL 34746	3100 PINE NEEDLE TRL KISSIMMEE FL 34746-3028

3. Date Incorporated or Qualified: 08/27/1985
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21 3248 FAIRFIELD DR.
Suite, Apt. #, etc. 22
City & State 23 KISSIMMEE, FL.
Zip 24 34746 Country 25

2a. Mailing Address
26 3248 FAIRFIELD DR.
Suite, Apt. #, etc. 27
City & State 28 KISSIMMEE, FL.
Zip 29 34746 Country 30

4. FEI Number: 59-2545288 ☐ Applied For ☐ Not Applicable

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
ANDREWS, STEVE
3100 PINE NEEDLE TRAIL
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3248 FAIRFIELD DR.
83
84 City KISSIMMEE **FL** 85 Zip Code 34746

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE (Required when Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, STEVEN A.	1.2 NAME	
STREET ADDRESS	3100 PINE NEEDLE TRAIL	1.3 STREET ADDRESS	3248 FAIRFIELD DR
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746
TITLE	ST ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ANDREWS, TERRY L.	2.2 NAME	
STREET ADDRESS	3100 PINE NEEDLE TRAIL	2.3 STREET ADDRESS	3248 FAIRFIELD DR.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [illegible] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-19-97 Date — 407 344 4910 Daytime Phone #