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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



J44951

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED Apr 03 1998 8:00am Secretary of State

KLEENCO OF PINELLAS, INC) •	
Principal Place of Business	Mailing Address	
20001 GULF BOULEVARD	20001 GULF BOULEVARD	

INDIAN SHORES FL 348856406: 3 3 7 8 5 ~ 2 4 1 7		INDIAN SHORES FL 33785-2417 US		DO NOT WRITE IN THIS:	SPACE			
				3. Date Incorporated or Qualified				
					12/02/1986			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-2746442		Not Applical	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required	
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the cur		· · · · · · · · · · · ·	
24	25	29	30	•	,	Yes	Mo Page 1	
	g. Name and Address of Curren		1 1		10. Name and Address of New Registered	Agent		
	ASER, CHARLES			81 Name				
	001 GULF BLVD.		[82 Street Add	dress (P.O. Box Number is Not Acceptable)			
INU	DIAN SHORES FL 34635 x 3 3	785-2417	}	83				
			i					
				84 City		65	Zip Code	
SIGNATURE	m lamiliar with, and accept the obligation of registring age.				ation's board of directors. I hereby accept the app		- 	
12.	OFFICERS AN		13.	Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDE	TODE IN 12	
TITLE	P	DELETE	1.1 717	ı f	ADDITIONS/CHANGES TO OTTICERS AND	Ch		
NAME	FRASER, CHARLES		1.2 NA					
STREET ADDRESS	20001 GULF BLVD			REET ADDRESS	•			
CITY-ST-ZIP	INDIAN SHORES FL			Y-ST-ZIP				
TITLE	VP	DELETE	2.1 TIT			☐ Ch	ange	
NAME	STIRLING, MARGARET		2.2 NA	ME			•	
STREET ADDRESS	20001 GULF BLVD.		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	INDIAN SHORES FL		2. 4 CI	TY - ST - ZIP				
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NAME			3.2 NA	VIE				
STREET ADDRESS			3.3 STF	REET ADDRESS				
CITY-ST-ZIP			3.4. Cl	TY-ST-ZIP				
TITLE		DELETE	4.1 TIT	LE		Ch	ange 🔲 Additi	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STI	REET ADDRESS				
CITY-ST-ZIP		· ·		Y-S1-ZIP			· · · · · · · · · · · · · · · · · · ·	
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NAME			5.2 NA	ME J				
STREET ADDRESS			53511	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TIT	LF		Chi	ange 🔲 Additi	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 S16	REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				
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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 on an attachment with an address.

Charles Fraser

3/31/00