

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # J90683

(0)

1. Corporation Name

HITE'S WINDOW CLEANING, INC.



Principal Place of Business

Mailing Address

~~W~~ WAYNE A. WOLF  
3311 ST. NICHOLAS AVE.  
JACKSONVILLE FL 32207

~~W~~ WAYNE A. WOLF  
3311 ST. NICHOLAS AVE.  
JACKSONVILLE FL 32207-4850

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/03/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2839745

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

10. Name and Address of New Registered Agent

WOLF, WAYNE A.  
3733 UNIVERSITY BLVD. WEST  
SUITE 108  
JACKSONVILLE FL 32217

81 Name

JAMES DARRELL HITE

82 Street Address (P.O. Box Number is Not Acceptable)

3311 ST. NICHOLAS AVE

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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

*James Darrell Hite*

(NOTE: Registered Agent signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
HITE, JAMES DARREL  
STREET ADDRESS  
3311 ST. NICHOLAS AVE.  
CITY- ST- ZIP  
JACKSONVILLE FL

1.2 TITLE ☐ DELETE

NAME  
BROWN, LINDA D.  
STREET ADDRESS  
3311 ST. NICHOLAS AVE.  
CITY- ST- ZIP  
JACKSONVILLE FL

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

1.7 TITLE ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 TITLE ☐ DELETE

1.10 TITLE ☐ DELETE

1.11 TITLE ☐ DELETE

1.12 TITLE ☐ DELETE

1.13 TITLE ☐ DELETE

1.14 TITLE ☐ DELETE

1.15 TITLE ☐ DELETE

1.16 TITLE ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME  
HENDERSON, WILLIAM M.  
STREET ADDRESS  
3311 ST. NICHOLAS AVE.  
CITY- ST- ZIP  
JACKSONVILLE, FL. 32207

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Linda D. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

DATE

904-398-6210

DAYTIME PHONE

CR2E034 (9/96)