

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # J99264 (0)
1. Corporation Name

L. B. CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

P O BOX 3944
VENICE FL 34293P O BOX 3944
VENICE FL 34293

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/23/1987

05/01/1995

4. FEI Number

65-0015452

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FITZGIBBONS, THOMAS M.
1800 SECOND ST
SUITE 775
SARASOTA FL 34236

81 Name

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

83 Suite 880
84 City

FL

85 Zip Code

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

Signature of person authorized to change the information on this statement

Printed Name of Agent for Change of Information

DATE

12. OFFICERS AND DIRECTORS

☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPDP
BOEHM, LAURA
1040 WEXFORD BLVD
VENICE FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPST
BOEHM, FREDERICK JR.
1040 WEXFORD BLVD
VENICE FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Laura Boehm (Laura Boehm) Pres.

4-13 '96

941-493-4923

CR2E034 (12/95)