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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04948

1. Corporation Name K04948

(1)

KRACKER JAX CLEANING SERVICE, INC.

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Jan 15 1998 8:00an	]
Secretary of State	

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Principal Place of Business Mailing Address 7635 ROCKPORT CIRCLE 7635 ROCKPORT CIRCLE LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1987 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 26 Not Applicable 65-0018669 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZIMMERMAN, MICHAEL D. 465 S.W. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 City Zin 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE ☐ Change TITLE ZIMMERMAN, MICHAEL D. CR2E034 NAME 1.2 NAME STREET ADDRESS 7635 ROCKPORT CIRCLE 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ZIMMERMAN, CYNTHIA NAME 2.2 NAME 7635 ROCKPORT CIRCLE STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP

CITY-ST-ZIP

16.4 CITY-ST-ZIP

17. I hereby certify that the information supplied with this filling 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE REQUIRED/Michael Jimmemla 1-3-9

56/2328259

Change

Change

Addition

\_\_\_ Addition