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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED May 04 1998 8:00am Secretary of State

COMPLETELY CLEAN, INC. Principal Place of Business Mailing Address 9392 W. WAUCHULA DR 9382 W. WAUCHULA DR. CRYSTAL RIVER FL 32629-6807 CRYSTAL RIVER FL 34428 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1988 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2896101 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζίρ Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BISHOP, JANET 9382 W. WAUCHULA DR. Street Address (P.O. Box Number is Not Acceptable) 82 **CRYSTAL RIVER FL 34428** 83 84 85 Zip Code 11. Pursuant to the provisions of Soctions 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BISHOP, JANET NAME 1.2 NAME 9382 W. WAUCHULA DR. STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL CITY-S1-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TOTALE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Addition 3.1 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 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 14. 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 affect 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:

ABIGOR CHILLI

4-27-98

352-795-905

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