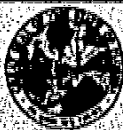


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:18

DOCUMENT # K27190 (3)

1. Corporation Name

FLORIDA JETCLEAN, INCORPORATED

Principal Place of Business

P.O. BOX 13209
CLEARWATER FL 34621-0209

Mailing Address

P.O. BOX 13209
CLEARWATER FL 34621-0209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1988

3a. Date of Last Report

01/24/1994

2. Principal Place of Business

21 37 WINDWARD ISLAND

2a. Mailing Address

26

4. FEI Number

59-2896598

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 CLEARWATER FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 34630

25 USA

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 192.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TOWNS, GRAEME
3104 DIAMOND HEAD DRIVE
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name

TOWNS GRAEME

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

37 WINDWARD ISLAND

83

84 City

CLEARWATER

FL

85 Zip Code

34630

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

GRAEME TOWNS
Signature, typed or printed name of registered agent and fee if applicable.

PRESIDENT

1/16/95
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

TOWNS, GRAEME

STREET ADDRESS

3104 DIAMOND HEAD DR

CITY - ST - ZIP

CLEARWATER FL 34621

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

P.

TOWNS GRAEME

37 WINDWARD ISLAND

CLEARWATER FL 34630

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GRAEME TOWNS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95

813-462-5516
Daytime Phone #