FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K58007 (1)

1. Corporation Name
WHITE KNIGHT CARPET CLEANING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% SALLY BUHLER 1297 40TH COURT S.W. VERO BEACH FL 32968-4841	% SALLY BUHLER 1297 40TH COURT S.W. VERO BEACH FL 32968-4841

3. Date Incorporated or Qualified: **01/12/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2035 53 Ave.
22: Suite, Apt. #, etc.
23: City & State: Vero Beach - Fla.
24: Zip: 32966
25: County: Indian River

2a. Mailing Address
26: "
27: Suite, Apt. #, etc.
28: City & State: "
29: Zip: "
30: County: "

4. FEI Number: **65-0165797** ☐ 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

9. Name and Address of Current Registered Agent

BUHLER, SALLY
1297 40TH COURT S.W.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Buhler, Sally
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2035 53 Ave
84 City: Vero Beach **FL** 85 Zip Code: 32966

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: Sally Buhler — 4-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	BUHLER, DONALD	1.2 NAME	
STREET ADDRESS	1297 40TH COURT S.W.	1.3 STREET ADDRESS	2035 53 Ave
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	32966
TITLE	STD	2.1 TITLE	☑ Change ☐ Addition
NAME	BUHLER, SALLY	2.2 NAME	
STREET ADDRESS	1297 40TH COURT S.W.	2.3 STREET ADDRESS	2035 53 Ave
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	32966
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Sally Buhler — 4-27-95 — 407-569-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079000 CR