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 APR 28 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83815** **(6)**

1. Corporation Name
DUNAMIS CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
5501 N. MIAMI AVE. TAMPA FL 33604	5501 N. MIAMI AVE. TAMPA FL 33604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2517 E 149th Ave
22 Suite, Apt. #, etc.
23 City & State: Lutz, Fl.
24 Zip: 33549 25 Country

2a. Mailing Address
26 2517 E 149th Ave
27 Suite, Apt. #, etc.
28 City & State: Lutz, Fl.
29 Zip: 33549 30 Country

4. FEI Number: 59-2938928 ☐ 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

MOORE, WANDA L.
1604 E. LOUISIANA AVE
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2517 E 149th Ave
83
84 City: Lutz **FL** 85 Zip Code: 33549

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: Wanda L. Moore — 4-24-95
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	DCM	1.1 TITLE	DCM	☒ Change ☐ Addition
NAME	MOORE, JON E	1.2 NAME	Moore John E	
STREET ADDRESS	5501 N MIAMI AVE	1.3 STREET ADDRESS	2517 E 149th Ave	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz, Fl. 33549	
TITLE	PVT	2.1 TITLE	PVT	☒ Change ☐ Addition
NAME	MOORE, WANDA L	2.2 NAME	Moore, Wanda L	
STREET ADDRESS	5501 N MIAMI AVE	2.3 STREET ADDRESS	2517 E 149th ave	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Lutz, Fl. 33549	
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)(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, or on an attachment with an address.

SIGNATURE: Wanda L. Moore — 4-24-95 — 813-971-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0980449 CP