FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

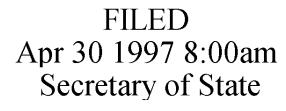
DOCUMENT # K95796

(4)

QUALITY CLEAN CARE, INC.

Principal Place of Business

Mailing Address





112 SPRINGWOOD CIRCLE CRESTVIEW FL 32536 US		P.O. BOX 1402 Crestview FL 32536-740 US	CRESTVIEW FL 32536-7402						
					Date Incorporated or Quali 06/15/1989 FEI Number		Date of Last f 1/26/1996	Report	
<u> </u>	lace of Businoss	2a. Mailing Address	2a. Mailing Address			Applied For			
21		26			59-2960752	<u>. </u>	Not Applicable		
Sulte, Apt. #, etc. 22 City & State		Suite, Apt. #, etc.	[27]			d 🗀	\$8.75 Additional Fee Required		
23		City & State	 1			ng	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29]	30 Coui	ntry	8. This corporation has liabilit Florida Statutes		le tax under t	s. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Ne	w Registere	d Agent		
	MAN, LINDA			81 Name					
112 SPRINGWOOD CIR CRESTVIEW FL 32538				82 Street Address (P.O. Box Number is Not Acceptable)					
			Ì	83					
				84 City		FI	85 Zip	Code	
	to the provisions of Spatiens 607 051 egistered agent, or both, in the State of familiar with, and accept the oblig				corporation submits this statement for oration's board of directors. I hereby a	the pureens	ot obspains i	its registered s registered	
SIGNATURE									
12.	Signature typed or printed name of registered ag	ID DIRECTORS (NO	IF: Registered	Agent signature r	equired when reinstaturg)	DATE	(C D) D (C D)		
TITLE	D OF FICE NO AN	DILETE	1.1 10	ı	ADDITIONS/CHANGES TO C	JEFICERS AN	Change	Addition	
NAME	PITTMAN, BILLY L		1.2 NA	Į.			L_ Ollango	L_I Addition	
STREET ADDRESS	112 SPRINGWOOD CIR			REET ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL			Y- \$1- 7JP					
TITLE	D	DELETE	2.1 TIT		President, Director	<i></i>	★ Change	Addition	
NAME	PITTMAN, LINDA		2.2 NA	νII	1,000,000,000				
STREET ADDRESS	112 SPRINGWOOD CIR		23\$11	EET AODRESS					
CITY-ST-ZIP	CRESTVIEW FL		2 4 CI	IY-S1-7IP					
TITLE	D	X DELETE	3 1 1 1 1	.L			☐ Change	Addition	
NAME	PITTMAN, KAREN F		3.2 NA	vite			* •		
STREET ADDRESS	112 SPRINGWOOD CIR		3 3 51	EET ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL			Y - \$1 - 70°					
YITLE		[] DETELE	4.1 111				☐ Change	Addition	
NAME			4. 2 NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP TITLE		Divers		Y - \$1 - 7IP				······································	
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NAME STREET ADDRESS			5.2 NAI						
				EET ADORESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TITA	Y-\$1-ZIP			Change	Addition	
NAME			6.2 NA				L Charige	LT MOUNTON	
STREET ADDRESS				FL1 ADDRESS					
CITY-ST-ZIP									
5111 01 EII			0.4 UH	Y-ST-7I₽					

14. I do 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 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.

CIONATURE.