

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90035 027 ***150.00

DOCUMENT # K97353

1. Corporation Name

THE CLEANING PEOPLE, INC.

Principal Place of Business

% GREGORY D. CLARK
18167 U.S. HIGHWAY 19 NORTH. #560
CLEARWATER FL 34624

Mailing Address

% GREGORY D. CLARK
18167 U.S. HIGHWAY 19 NORTH. #560
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1989

4. FEI Number

59-2954245

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
7480 121st Ave.

2a. Mailing Address
7480 121st Ave.

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

23 LARGO, FL.

27 City & State

28 LARGO, FL

24 Zip 33773

25 Country PINELLAS

29 Zip 33773

30 Country PINELLAS

9. Name and Address of Current Registered Agent

CLARK, GREGORY D.
18167 U.S. HIGHWAY 19 NORTH
HARBOURSIDE, SUITE 560
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLYNN, THOMAS J.
STREET ADDRESS 7480 121 AVE NORTH
CITY-ST-ZIP LARGO FL 33773

XX DELETE

TITLE STV
NAME FLYNN, JEAN D.
STREET ADDRESS 7480 121 AVE NORTH
CITY-ST-ZIP LARGO FL 33773

XX DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STV
1.2 NAME FLYNN, THOMAS J.
1.3 STREET ADDRESS 7480 121ST Ave.
1.4 CITY-ST-ZIP LARGO, FL 33773

☐ Change ☐ Addition

2.1 TITLE PD
2.2 NAME FLYNN, JEAN D.
2.3 STREET ADDRESS 7480 121st Ave.
2.4 CITY-ST-ZIP LARGO, FL. 33773

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)