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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K98819

(1)

SPRINT CLEANING SERVICES, INC.

## FILED Apr 23 1998 8:00am Secretary of State

|   |  |                              |          | · · · · · · · · · · · · · · · · · · · |                   |   |                    |   |                                       |
|---|--|------------------------------|----------|---------------------------------------|-------------------|---|--------------------|---|---------------------------------------|
| Principal Place of Business Mailing Address     |  |                              |          |                                       |                   |   |                    | ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |
| P O BOX 17                                      |  | P O BOX 17282                | 300      |                                       |                   |   |                    |   |                                       |
| CLEARWATER FL 33762                             |  | CLEARWATER FL 33762<br>US    |          | DO NOT WRITE IN THIS SPACE            |                   |   |                    |   |                                       |
| "   |  | •••                          |          |                                       |                   | 3. Date Incorporated or Qualified   |                    |   | · · · · · · · · · · · · · · · · · · · |
|   |  |                              |          |                                       |                   | 06/29/1989  |                    |   |                                       |
| 2. Principal P                                  | face of Business   | 2a. Mailing Address          |          |                                       |                   | 4. FEI Number   |                    | Ap                                      | plied For                             |
| 21  | <del></del>  | 26                           |          |                                       |                   | 59-2955144  |                    |   | t Applicable                          |
| Suite, Apt                                      |  | Suite, Apt. #, etc.          |          |                                       |                   | 5. Certificate of Status Desired  |                    | \$8.75 A                                |                                       |
| City & Stat                                     | e  | City & State                 |          |                                       |                   | 6. Election Campaign Financing  |                    | \$5.00                                  | May Be                                |
| 23  |  | 28                           |          |                                       |                   | Trust Fund Contribution   |                    | Added t                                 | to Fees                               |
| Zφ  | Country  | 7(p)                         |          | Country                               |                   | 8. This corporation owes or has p   | aid the cr         | <b>—</b> / -                            | _ *                                   |
| 24  | 25   | 29                           | 30       |                                       |                   | Personal Property Tax due Jun   |                    |   | No                                    |
| 9. Name and Address of Current Registered Agent |  |                              |          |                                       |                   | 10. Name and Address of New R   | egisterec          | J Agent                                 |                                       |
|   | SSIE, LARRY  |                              |          | 81                                    | Name              |   |                    |   |                                       |
| 12025 CROFT DR.                                 |  |                              |          | 82                                    | Street Add        | ress (P.O. Box Number is Not Accepta  | ıble)              |   |                                       |
| LARGO FL 33774                                  |  |                              |          |                                       |                   |   |                    |   |                                       |
|   |  |                              |          | 83                                    |                   |   |                    |   |                                       |
|   |  |                              |          | 84                                    | City              |   |                    | <b>85</b> Zip (                         | Code                                  |
|   |  |                              |          |                                       |                   |   | F <u>l</u>         |   |                                       |
| office or r                                     | to the provisions of Sections 607.05<br>egistered agent, or both, in the Sta<br>m familiar with, and accept the obli | te of Florida. Such change w | as autho | rized by                              | the corpora       | poration submits this statement for the<br>tion's board of directors. I hereby accor- | purpose optithe ap | of changing its<br>pointment as         | s registered<br>registered            |
| SIGNATURE                                       |  |                              |          |                                       |                   |   |                    |   |                                       |
|   | Signature, type-for printed name of registere far  | · ·                          |          |                                       | at signature requ | ired when reinstating)  | DATE               | <del></del>                             |                                       |
| 12.   | OF FICERS A  | ND DIRECTORS  DELETE         |          | 13.                                   | <del></del>       | ADDITIONS/CHANGES TO OFF  | CERS AN            | ND DIRECTOR  Change                     | S IN 12 Addition                      |
| THILE   | PEROPE LANDY I   | T' DETELE                    |          | 1.1 TITLE                             |                   |   |                    | L_1 Unange                              | L_1 Madition                          |
| NAME  | KESSIE, LARRY L  |                              |          | 1.2 NAME                              |                   |   |                    |   |                                       |
| STREET ADDRESS                                  | 12025 CROFT DR   |                              | - 1      | 1.3 STREET.                           |                   |   |                    |   |                                       |
| CITY - ST - ZIP                                 | LARGO FL   | DELETE                       |          | 1.4 CITY - ST - ZIP<br>2.1 TITLE      |                   |   | <del></del>        | Change                                  | Addition                              |
| ľ   | ST LODI  |                              |          |                                       |                   |   |                    | Change                                  | [] Modition                           |
| NAME  | KESSIE, LORI<br>12025 CROFT DR   |                              |          | 2 2 NAME                              |                   |   |                    |   |                                       |
| STREET ADDRESS                                  | LARGO FL   |                              |          | 2.3 STREET                            |                   |   |                    |   | ļ                                     |
| TIFLE   | DARGO FL   | DELLIE                       |          | 2 4 CITY - S<br>3 1 THLE              | 1 - ZIP           |   |                    | Change                                  | Addition                              |
| _   |  | C) SITTLE                    |          |                                       |                   |   |                    | — Charige                               | براماناهم يي<br>ا                     |
| NAME<br>CIDICA ALAMAGA                          |  |                              |          | 3.2 NAME                              | 1000000           |   |                    |   | f                                     |
| STREET ADORESS                                  |  |                              |          | 3.3 STREET.                           |                   |   |                    |   |                                       |
| CITY-ST-ZIP<br>TITLE                            |  | DELETE                       |          | 3 4. CITY - S<br>4.1 TITLE            | 1- ZIP            |   |                    | Change                                  | Addition                              |
| 1   |  | L. DELETE                    | 1        |                                       | 1                 |   |                    | ∟1 Ananâs                               | ☐ Vocition [                          |
| NAME  |  |                              |          | 4 2 NAME                              |                   |   |                    |   |                                       |
| STHEET ADDRESS                                  |  |                              | 1 4      | 4.3 STREET.                           | ADURESS           |   |                    |   | 1                                     |

14. Thereby 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 chapter 607, Florida Statutes, and that my name appears in

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 THILE

SIGNATURE

CITY-ST-7IP

STREET ADDRESS

CITY - S1 - ZIP

NAME

THILE

NAME STREET ADDRESS

loosin Larry Kessie

DELETE

DELETE

4/6/98 813:593:117

☐ Change

Change

Addition

Addition