

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

DOCUMENT # L12868

1. Corporation Name

SPIRIT CLEANERS, INC.

Principal Place of Business

1590 K-5 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US

Mailing Address

1590 K-5 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US

2. Principal Place of Business

21 3032 S.R. 590
Suite, Apt. #, etc.

2a. Mailing Address

26 3032 S.R. 590
Suite, Apt. #, etc.

City & State

23 Clearwater, FL

City & State

28 Clearwater FL

Zip

24 33759

Country

25 Pinellas

Zip

29 33759

Country

30 Pinellas

9. Name and Address of Current Registered Agent

TEREPKA, STEVE E.
1590 MCMULLEN BOOTH RD #K-5
CLEARWATER FL 34619

3. Date Incorporated or Qualified

08/31/1989

4. FEI Number

59-2965082

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

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 S ☐ DELETE

NAME TEREPA, DEBORAH

STREET ADDRESS 692 23 ST SW

CITY-ST-ZIP LARGO FL 33778

TITLE PD ☐ DELETE

NAME TEREPA, STEVE R.

STREET ADDRESS 692 23RD ST SW

CITY-ST-ZIP LARGO FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Duonia Terpe REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

727 723 3323

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90116 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/98)