

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L64439

(7)

1. Corporation Name

SIMONE CLEANING SERVICE INC.



Principal Place of Business % ROBERT LEE FIELDER 219 SPRING GARDEN ROAD SEBRING FL 33870	Mailing Address % ROBERT LEE FIELDER 219 SPRING GARDEN ROAD SEBRING FL 33870-1453
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3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-3008835	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 FIELDER, ROBERT LEE 219 SPRING GARDEN ROAD SEBRING FL 33870	
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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 not an officer, director, or trustee of the corporation, and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Robert Lee Fielder* Robert Lee FIELDER, DPS DATE: 4-7-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FIELDER, ROBERT LEE ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DPS	1.2 NAME	
STREET ADDRESS	SEBRING FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S FIELDER, ROBERT LEE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	219 SPRING GARDEN RD.	2.2 NAME	
STREET ADDRESS	SEBRING FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VDM FIELDER, SIMONE C. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	219 SPRING GARDEN RD.	3.2 NAME	
STREET ADDRESS	SEBRING FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 in an attachment with an address.

SIGNATURE: *Robert Lee Fielder* Robert Lee FIELDER 4-7-97 941-382-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #