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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L74148

(2)

CLEAN	IMAGE SERVICES, INC.								
Principal Place	of Business	Mailing Address	 ;			T A DOLLON OUR TOOM OLDER PROPER DIGG.			
410 SB JEFFERSON ST. P.O. BOX 271048 TAMPA FL 33602 TAMPA FL 33688									
US		U\$				3. Date incorporated or Qualified 05/17/1990		of Last Re	
2. Principal Pla	ace of Business	2a. Mailing Add	ress			4. FEI Number			pplied For
2. 1 miopa / ia	add of Edollog	26				59-3015295		N	lot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional lequired
City & State)	City & State				Election Campaign Financing Trust Fund Contribution) May Be to Fees
23 Zip	Country	Zip		Country		8, This corporation has liability fo	r intangible ta	ax under s	199.032,
24	25	29	30	0		10. Name and Address of New		Agent	
	9. Name and Address of Cu	rrent Hegistered Agent	·•	81	Name	IO. Hame and Address of field	Tio gio io io		
SHANNO	ON, ROY J.			82		iress (P.O. Box Number is Not Accepta	able)		
17113 RA	AINBOW TERRACE				0110007100	3S (1.0. DOX 1011D0 15 10 00 00 00 00 00 00 00 00 00 00 00 00			
ODESSA	FL 33556			83					
				84	City		FL	85 Zip	Code
SIGNATURE-						oration submits this statement for the p and of directors. I hereby accept the ap			
SIGNATURE: _		agent and little if applicable S AND DIRECTORS	NOILF	Registered Agen		of when rensi hergi ADDITIONS/CHANGES TO OF	EIATE FICERS AND	D DIHE CTO	RS IN 12
	OFFICERS D	agent and title if applicable	NOILF	Registered Agen		ed when renot deigh	EIATE FICERS AND		
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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 it made under oath; that I am an officer or direct 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 12 or Block 13 or an attachment with an address.

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/26

813-298532 Dayline Picne