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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F	ILED
Mar 03	1998 8:00am
Secret	ary of State

1. Corporatio		5	(2)				
CLEAN	IMAGE SERVICES, INC.					1 (\$1)(\$1) \$11 (\$11) \$16\$; ((\$1) \$14\$; (\$1) \$16); \$160; \$160; \$160; \$160; \$160;	
	· ·						
Principal Plac	e of Business	M	Mailing Address			1 (45)(4)) 641 (45)( 4)59( 4)54( 5)59( 5)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51( 6)51(	
410 SB JEFFE TAMPA FL 33	802 <sup>*</sup>	1	P.O. BOX 271048 TAMPA FL 33688				
US		l	US			DO NOT WRITE IN THIS SPACE	
• •						3. Date Incorporated or Qualified 05/17/1990	
	lace of Business		. Mailing Address	da	•	4. FEI Number Applied For	
21	# at-	26	F.O. BOX	77	<u> </u>	<b>59-3015295</b> Not Applicable	
Suite, Apt.	₩, <b>Θ</b> IG.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State	е	27	City & State				
23		28	Thon FA	ام		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	29	193EE	30	GILLS.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren		stered Agent	100	1 44	10. Name and Address of New Registered Agent	
SHA	ANNON, ROY J.				81 Name		
	13 RAINBOW TERRACE				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	ESSA FL 33556				3//00/ 70	adiess (1.0. box Number is Not Acceptable)	
* = "	-				83		
•					84 City	85 Zip Code	
						┡ <u></u> ╏┆	
11. Pursuant I	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 6 of Flori	507 1508, Florida Stat ida. Such change wa	tutes, i is auth	the above-named co orized by the corpo	orporation submits this statement for the purpose of changing its registered ration'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 ages			lO⊺E: Re	gistered Agent signature re		
12.	OFFICERS AND	) DIHE	DELETE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change	
NAME	SHANNON, ROY J.				1.2 NAME	Change C Addition	
STREET ADDRESS	17113 RAINBOW TERRACE				1.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL				1.4 City-St-ZiP		
TITLE	D		DELETE		2.1 TITLE	Change Addition	
NAME	SHANNON, AUDREY L.			ı	2.2 NAME	_ ,	
STREET ADDRESS	17113 RAINBOW TERRACE				2.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL				2. 4 CITY - ST - ZIP		
TITLE			DELETE		3.1 TITLE	☐ Change ☐ Addition	
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREET ADDRESS		
CITY-ST-ZIP			Delete		3.4. CITY-ST-ZIP		
TITLE			☐ DELETE		4.1 TITLE	☐ Change ☐ Addition	
NAME OTREET ADDRESS					4. 2 NAME		
STREET ADDRESS					4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	-	4.4 CITY - ST - ZiP 5.1 TITLE	☐ Change ☐ Addition	
NAME					5.2 NAME	CT Change CT Addition	
STREET ADDRESS					5.3 STREET ADDRESS		
CfTY-ST-ZIP					5.4 CITY-ST-ZIP		
TITLE			DELETE	1	6.1 TITLE	Change Addition	
NAME			•		6.2 NAME	_ ,	
STREET ADDRESS					6.3 STREET ADDRESS		
CITY-ST-ZIP					6.4 CITY-ST-ZIP		
a a I basabii a	ortification information according	L 11-1- 6		,			

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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an alact prient syn an address.