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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L74148

1. Corporation Name

CLEAN IMAGE SERVICES, INC.

•					
Principal Place of Business	Mailing Address			- I (##II#II EII ; ##II KIEN (IEII EIEN) DIN DIN	i Milit Aratt Alatt Aratt innt
410 SB JEFFERSON ST.	P O BOX 421				
TAMPA FL 33601 US US				DO NOT WRITE IN THIS S	PACÉ
us	uo .			3 Date Incorporated or Qualifed	
		,		05/17/1990	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3015295	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc			_	\$8.75 Additional
22	27	•	- .	5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Co	untry	8. This corporation owes the current year Intan	
24 25	29	30		Cibolia i lopolij i aki	Yes No
g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Ag	gent
			81 Name		
SHANNON, ROY J.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<u>, , , , , , , , , , , , , , , , , , , </u>
17113 RAINBOW TERRACE					
ODESSA FL 33556			83		
-			84 City		85 Zip Code
				<u></u>	
11. Pursuant to the provisions of Sections 607.0	0502 and 607.1508, Florida S	statutes, the	above-named corporation	oration submits this statement for the purpose of charis board of directors. I hereby accept the appoint	hanging its registered ment as registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	ate of Florida. Such change v ligations of, Section 607.0505	vas autnorize 5, Florida Sta	tutes.	on's board of directors. Thereby accept the appoint	, ,
SIGNATURE	-			<u></u>	
Signature, typed or printed name of registered		(NOTE: Registere	d Agent signature required		
12. OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE D	☐ DELET	E 1.17	TITLE	·	☐ Change ☐ Addition
NAME SHANNON, ROY J.		1.21	NAME		
STREET ADDRESS 17113 RAINBOW TERRACE		1.3 9	STREET ADDRESS		
CITY-ST-ZIP ODESSA FL			CITY-ST-ZIP		
TITLE D	☐ DELE1	TE 2.17	mtle		
NAME SHANNON, AUDREY L.			1		☐ Change ☐ Addition
STREET ADDRESS 17113 RAINBOW TERRACE		2.21	NAME		☐ Change ☐ Addition .
CITY-ST-ZIP ODESSA FL			NAME STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP ODESSA FL		2.3 5	1		
TITLE OCTEPHEN IS	MITH DELE	2.3 5	STREET ADDRESS		☐ Change ☐ Addition . ☐ Change ☐ Addition
TITLE STEPHEN JSZ NAME V519 NO. WIGH	MITH DELET	2.3 \$ 2.4 TE 3.11	STREET ADDRESS		
TITLE STEPHEN JS2 NAME 8519 NO. HIGH STREET ADDRESS	MITH DELE	2.35 2.4 (E 3.11 3.21	STREET ADDRESS CITY-ST-ZIP		
NAME STEPHEN JS2 NAME 8519 NO. HIGH STREET ADDRESS TRANCA, FL 33	MITH DELET	2.3 \$\frac{2.4}{2.4}\$ [E 3.11] 3.21 3.33	STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change Addition
TITLE STEPHEN JSV NAME 8519 NO. HILL STREET ADDRESS CITY-ST-ZIP TITLE	MITH DELET	2.3 \$ 2.4 7E 3.11 3.21 3.3 3.4	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS		
NAME STEPHEN JSZ NAME STREET ADDRESS CITY-ST-ZIP STEPHEN JSZ ST		2.35 2.41 7E 3.11 3.21 3.35 3.4. 7E 4.11	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		Change
NAME NAME STEPHEN JST STREET ADDRESS CITY-ST-ZIP TITLE NAME		2.35 2.41 IE 3.11 3.21 3.35 3.4. IE 4.11 4.2	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change
NAME STEPHEN JST NAME 8519 NO. HIGH CITY-ST-ZIP TITLE NAME STREET ADDRESS		2.34 2.44 3.11 3.21 3.3.5 3.4. IE 4.11 4.2 4.35	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		Change
NAME STEPHEN JST NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.33 2.44 3.11 3.21 3.35 3.4 4.1 4.2 4.33 4.44	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change
NAME NAME STEPHEN JST NAME STREET ADDRESS CITY-ST-ZIP TITLE TRUE STREET ADDRESS CITY-ST-ZIP TITLE	□ DELE:	2.33 2.41 3.11 3.21 3.38 3.4. 1E 4.11 4.2 4.33 4.40 1E 5.11	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STEPHEN JST NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	□ DELE:	2.33 2.41 3.11 3.21 3.38 3.4. 1E 4.11 4.2 4.33 4.40 1E 5.11 5.21	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	□ DELE:	2.34 2.41 3.11 3.21 3.38 3.4. 3.4. 4.2 4.33 4.44 5.11 5.21 5.33	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME		Change Addition
TITLE NAME STEETADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	□ DELE:	2.33 2.41 3.11 3.21 3.38 3.4. 1E 4.11 4.2 4.33 4.40 1E 5.11 5.21 5.33 5.40	STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS		Change Addition

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 trastee 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, or on an attachpien with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR