05-01-1999 90019 021 \*\*\*150.00

## 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 # **L77313**

1. Corporation Name

Maling Address OUTH DAYTONA FI. 32121 4623  SOUTH DAYTONA FI. 32121 4623  SOUTH DAYTONA FI. 32121 4623  SOUTH DAYTONA FI. 32121 4623  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Quasifed OS/31/1990 OS/	CLASSIC	C CARPET CARE OF VOLU	SIA COUNT	Y, INC.					
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/31/1990  2. Principal Place of Business  2. Amiling Address  2. Principal Place of Business  2. Experiment of the process of the second of the seco	Principal Plac	e of Business	Mailing A	ddress			• (001)011 211 10011 (0000 111p) (1220 (111 01	014 Elett elett 24011	
DSCATTORN   Place of Business   2a. Mailing Address   5. Fee Number   Applied For See Negularity   2e   Suite, Apt. #, etc.   Suit	POST OFFICE BOX 4623 POST OFFICE BOX 4623				1623		DO NOT WRITE IN T	HIS SPACE	
2. Principal Place of Business   2a. Maling Address   4. FET Number   Applied For   Sh 3011526   Not Applicable   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   29   Suite, Apt. #, etc.   20   Suite, Apt. #,									
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   27   Sulte, Apt. #, etc.   28   Sulte, Apt. #, etc.   27   Sulte, Apt. #, etc.   28   Sulte, Apt. #, etc.   28	2. Principal F	Place of Business	2a. Mailir	ng Address				Α	pplied For
S. Certificate of Status Desired	21		26	_			<u>59-3011526</u>	N	ot Applicable
City & State	Suite, Apt.	#, etc.	— — ·	, Aρt. #, etc.			5. Certifcate of Status Desired	7	
Zip	City & Star	te	City 8	S State					
9. Name and Address of Current Registered Agent  CARTER, MARYANN 154 MAGNOLIA LOOP DAYTONA BEACH FL 32124  82 Street Address (P.O. Box Number is Not Acceptable)  83 Feet Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80	<b>—</b> '		Zip		¬ ´	,	8. This corporation owes the current year	Intangible	
CARTER, MARYANN 154 MAGNOULA LOOP DAYTONA BEACH FL 32124  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City   FL   85 Zip Code  85 Zip Code  86 City   FL   85 Zip Code  87 Zip Code  87 Zip Code  88 City   FL   85 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  81 Address (P.O. Box Number is Not Acceptable)  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip Co	24				0}				
CARTER, MARYANN 154 MAGNOLIA LOOP DAYTONA BEACH FL 32124  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  83 CITY STATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  154 MAGNOLIA LOOP  15. TITLE  155 MAGNOLIA LOOP  15. TITLE  154 MAGNOLIA LOOP  15. TITLE  155 MAGNOLIA LOOP  15. TITLE  15. TITLE		9. Name and Address of Curre	nit kegistered .	Agent	81	Name	10. Hallis alla Flacious V. Flacious		
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 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   Description   Description	154 MAGNOLIA LOOP				82 Street Address (P.O. Box Number is Not Acceptable)				
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 charging 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, or hoth, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 adversed to the appointment as registered adversed to the appointment as registered adversed to the appointment as adversed to t					84	City		85 Zip	Code
Signature, typed or printed name of registreet agent and title if applicable, (NOTE: Registreet/Agent signature required when remitteding)   JUAIL	office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.150 of Florida. Suc ations of, Section	8, Florida Statutes th change was autl on 607.0505, Florid	, the above horized by la Statutes	e-named corp the corporations.	poration submits this statement for the purpos on's board of directors. I hereby accept the ap	e of changing it pointment as r	s registered egistered
TITLE D CHANGE IN 12  TITLE D CHANGE  LUCE, JOHN H. JR. 12 NAME  LUCE, JOHN H. JR. 13 NAME  STREET ADDRESS CITY-ST-ZIP  DAYTONA BEACH FL  LUCE, MARYANN  STREET ADDRESS CITY-ST-ZIP  DAYTONA BEACH FL  DELETE 2.1 TITLE  LUCE, MARYANN  154 MAGNOLIA LOOP  2.3 STREET ADDRESS CITY-ST-ZIP  DAYTONA BEACH FL  DELETE 3.1 TITLE  AVAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE 3.1 TITLE  AL CITY-ST-ZIP  AL CITY-ST-ZI	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE: R	egistered Agei	nt signature require	ed when reinstating) DATE		
LUCE, JOHN H. JR.  12 NAME  154 MAGNOLIA LOOP  DAYTONA BEACH FL  ITTLE  D CHange   Addition  STREET ADDRESS  DOTY-ST-ZIP  DAYTONA BEACH FL  ITTLE  LUCE, MARYANN  22 NAME  STREET ADDRESS  DOTY-ST-ZIP  DAYTONA BEACH FL  DELETE  3.1 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  AL STREET ADDRESS  AL CITY-ST-ZIP  TITLE  AL STREET ADDRESS  AL CITY-ST-ZIP  TITLE  AL STREET ADDRESS  CITY-ST-ZIP  TITLE  AL STREET ADDRESS  CITY-ST-ZIP  TITLE  AL STREET ADDRESS	12.				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL  ITTLE D LUCE, MARYANN 154 MAGNOLIA LOOP DAYTONA BEACH FL  ITTLE NAME STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL  ISTREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS CITY-ST-ZIP  ISTREET ADDRESS STREET ADDRESS	TITLE	D		☐ DELETE	1.1 TITLE			Change	☐ Addition
DAYTONA BEACH FL  14 CITY-ST-ZIP  DELETE  LUCE, MARYANN  154 MAGNOLIA LOOP DAYTONA BEACH FL  14 CITY-ST-ZIP  LUCE, MARYANN  154 MAGNOLIA LOOP DAYTONA BEACH FL  157 LIP  16 LIP  17 LIP  18 LIP  18 LIP  19 LIP  19 LIP  19 LIP  10 LIP  10 LIP  10 LIP  10 LIP  10 LIP  11 LIP  10 LIP  11 LIP  10 LIP  11 LIP  11 LIP  12 LIP  13 LIP  14 LIP  15 LIP  16 LIP  17 LIP  17 LIP  18 LI	NAME	LUCE, JOHN H. JR.			1.2 NAME				
TITLE D LUCE, MARYANN 154 MAGNOLIA LOOP DAYTONA BEACH FL  DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS DITY. ST. ZIP  DELETE 3.1 TITLE NAME STREET ADDRESS CITY. ST. ZIP  TITLE NAME STREET ADDRESS CITY. ST. ZIP  TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS CITY. ST. ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS	154 MAGNOLIA LOOP			1.3 STREE	TADORESS	•		
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CITY-ST-ZIP	NAME	LUCE, MARYANN			2.2 NAME				
CITY-ST-ZIP	STREET ADDRESS	154 MAGNOLIA LOOP			2.3 STREE	T ADDRESS			
DELETE		1			2.4 CITY-5	ST-ZIP			
32 NAME     32 NAME	TITLE			☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	NAME				32 NAME	ļ			
34. CITY-ST-ZIP   34. CITY-ST-ZIP   Change   Addition					3.3 STREE	TADDRESS			
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A4 CITY-ST-ZIP		1				- {			
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STREET ADDRESS 5.3 STREET ADDRESS				DELETE	_	ST-ZIP		☐ Change	☐ Addition
SINCE I ADDINGS				DELETE	5.1 TITLE	ST-ZIP		☐ Change	Addition
	NAME.			DELETE	5.1 TITLE 5.2 NAME			Change	Addition

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 acceiver 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition