Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90045 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 # L97725

1. Corporation Name

AMERITECH PRESSURE CLEANING SYSTEMS, INC.

	•	•							
Principal Place of Business Mailing Address							91611 41811 91911 91911		
28640 SONNY DRIVE 28640 SONNY DRIVE									
WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544									
						DO NOT WRITE IN	THIS SPACE	<del></del>	
						3. Date Incorporated or Qualifed		ì	
						07/16/1990	<del></del>		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For	
21		26				59-3028889	<del></del>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>*</b> • · · · ·	Additional aquired	
22		27							
City & State	e <u></u>	City & State		=		6. Election Campaign Financing	•	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country Zip			untry		8. This corporation owes the current year Intangible  Personal Property Tax.			
24	25 29 30		30			Personal Property Tax.			
*	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent	•	11	• • • • • • • • • • • • • • • • • • • •	10. Name and Address of New Regis	erea Agent		
НАМ	SON, CHARLES W.			81	Name				
28640 SONNY DRIVE				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
WESLEY CHAPEL FL 33544				83					
WEDLET OTHER LETTE GOOTT				93					
,				84	City	City FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	tatutes, the a	bove	-named co	reporation submits this statement for the purpor	se of changing its	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change Wa	as autnonze	o bv	the corpora	ation's board of directors. I hereby accept the	appointment as re	gistered	
J	m commer visit, and doorp in a congre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					1	
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (1	NOTE: Registered	d Agen	t signature requ	ired when reinstating)	ATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	P	☐ DELETE	1.1 1	ITLE			☐ Change	Addition	
NAME	HANSON, CHARLES W. 12		1.2 N	AME					
STREET ADDRESS				TREET	ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL 1		1.4 C	:TY-S1	r-ZIP	<u></u>			
TITLE	S □ DELETE 2.		Ξ 2.1 Τ	ITLE			☐ Change	Addition	
NAME	HANSON, KELLY 2.		2.2 N	AME					
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS					
CITY-ST-ZIP	TOTAL CLASSIC STATE OF THE STAT		2.40	2.4 CITY-ST-ZIP		<u> </u>			
TITLE	DELETE-		.31.T	31.IIIE 3			☐ Change	☐ Addition	
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP				
TITLE	the state of the s			4.1 TITLE			☐ Change	Addition	
NAME	<u> </u>	•	4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS	•		ļ	
CITY-ST-ZIP			4.4 C	CITY-\$1	T-ZIP				
13TI F		☐ DELETE	E 5.1 T	TTLE			☐ Change	☐ Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 true 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 on, an attachment with an address, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

Addition