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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M10022** (5)

1. Corporation Name
CLEAN AND GREEN SERVICES, INC.

Principal Place of Business

**14624 LOX ROAD
PARKLAND FL 33067
US**

Mailing Address

**14624 LOX ROAD
PARKLAND FL 33076-9712
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CAGLE, DANNY D.
5221 NW 76TH PLACE
POMPANO BEACH FL 33073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE **DANNY D. CAGLE - PRES.**

(NOTE: Registered Agent signature required when reinstating)

3-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS**
NAME **CAGLE, DANNY D.**
STREET ADDRESS **5221 NW 76TH PLACE**
CITY-ST-ZIP **POMPANO BEACH FL**

☐ DELETE

TITLE **DT**
NAME **SCHUBERG, NEIL**
STREET ADDRESS **1898 STALLION DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL**

☐ DELETE

TITLE **VP**
NAME **CAGLE, JOAN**
STREET ADDRESS **5221 N.W. 76TH PLACE**
CITY-ST-ZIP **POMPANO BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE: **DANNY D. CAGLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-97

Date

(561) 482-1000

Daytime Phone #



FILED
Apr 02 1997 8:00am
Secretary of State

CR2E034 (9/96)