

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000003624 (4)**

1. Corporation Name
CLEANUP & GREENUP, INC.



Principal Place of Business: **1425 MAIN ST. UNIT "N" DUNEDIN FL 34698**
Mailing Address: **1425 MAIN ST. UNIT "N" DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **08/09/1993**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-3199029**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RATLIFF, JANET
PETERSON CORP
5210 W LINEBAUGH AVE
TAMPA FL 33625**

81 Name: **Thomas Pinta**
82 Street Address (P.O. Box Number is Not Acceptable): **1425 Main St., Unit N**
83
84 City: **Dunedin** **FL** 85 Zip Code: **34698**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Thomas Pinta* **Thomas Pinta, President** *January 31, 1996*
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PINTA, THOMAS	
STREET ADDRESS	100 STATE ST.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREDERICH, NANCY	
STREET ADDRESS	1425 MAIN ST. UNIT "N"	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOY, JUDY	
STREET ADDRESS	2885 EXECUTIVE CENTER DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAPORTE, ANTHONY	
STREET ADDRESS	C/O ATTWOODS INC., 5210 LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZERBE, JANICE	
STREET ADDRESS	1206 N. PARK RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Swint, Dorothea	
2.3 STREET ADDRESS	1425 Main St., Unit N	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LaPorte, Anthony	
4.3 STREET ADDRESS	1425 Main St., Unit N	
4.4 CITY-ST-ZIP	Dunedin, FL 34698	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lucy Acquaviva	
5.3 STREET ADDRESS	2101 Sunset Pt. Rd. #101	
5.4 CITY-ST-ZIP	Clearwater, FL 34625	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony LaPorte* **Anthony LaPorte, U.P.** *1-31-96* **813-738-4225**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)