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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

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Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001594 (9)

A-1 CLEANING OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address 2706 GLEN OAK CIRCLE P.O. BOX 6393 **GULF BREEZE FL 32561 GULF BREEZE FL 32561-6393** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1993 05/01/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 59-3 155707 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 29 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMALL, WILLIAM D III 1939 CORAL ST. Street Address (P.O. Box Number is Not Acceptable)
2706 Glen Oak Circle 82 NAVARRE FL 02568 83 Zip Code 3256 / 84 Bicore 11. Fursuant 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 607.0505, Florida Statutes. SIGNATURE 5 gration, Typist or penth streament, ling sterred agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. Change DELETE Addition Titlef D 1 1 TITLE SMALL, WILLIAM D III E034 NAME 1.2 NAME 2706 GLEN OAK CIRCLE STREET ADDRESS 1.3 STREET ADDRESS 32561 **GULF BREEZE FL** CHY- \$1-20 1.4 CITY - ST DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2. 4 City-St-ZiP OD:S DELETE ☐ Change Addition THUE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY - ST - 7# DELETE ☐ Change Addition 4.1 TITLE THUE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDITISE 4.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE 51 TITLE Change Addition THEF NAMi 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP OHY St Zo DELETE Addition Change 61 TITLE

SIGNATURE: William D. Small TO 4-9-97 904-932-0035

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-7IP

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 efficer 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