

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE: 904-488-2000

95 MAY 10 AM 10:35

DOCUMENT # P93000004536 (7)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ALL IN THE FAMILY CLEANING CO.

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Organization 01/12/1993		3a. Date of Last Report 05/01/1994	
2. Filing Office of the Report 21 State App # 01		4. FET Number 59-3163343	
2b. Agent Address 26 State App # 01		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2c. City & State 27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2d. Zip 28 Zip		7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No	
2e. Country 29 Country		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GOLGANO, JOHN W 1883 MICHIGAN AVE. N.E. ST. PETERSBURG FL 33703		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. I, the undersigned, being the president or secretary of the corporation, hereby certify that 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, if newly elected, or by the corporation's registered agent, if duly authorized, and is in compliance with Section 190.032, Florida Statutes.

SIGNATURE: *John W. Golgano* **President** **5/6/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME TITLE STREET ADDRESS CITY STATE ZIP	DP GOLGANO, JOHN W. 1883 MICHIGAN AVE, NE ST. PETERSBURG FL	NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY STATE ZIP	DVP CHONAIW, PATRICK G. 2959 PINELLAS PT. DRIVE, S. ST. PETERSBURG 33	NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY STATE ZIP	DT GOLGANO, N. LILLIAN 1883 MICHIGAN AVE., NE ST. PETERSBURG FL	NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY STATE ZIP	DS CHONAIW, MARIA L. 2959 PINELLAS PT. DRIVE, S. ST. PETERSBURG FL	NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
NAME TITLE STREET ADDRESS CITY STATE ZIP		NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
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NAME TITLE STREET ADDRESS CITY STATE ZIP		NAME TITLE STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(4), Florida Statutes. I further certify that the undersigned indicated on this annual report or supplemental annual report whether and under what conditions the corporation or the registered agent may be held liable for the information supplied in Block 12 or Block 13 for changes or additions with an address.

SIGNATURE: *N. Lillian Golgano* **N. Lillian Golgano** **5/6/95** **813-525-7068**