

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:22

DOCUMENT # P93000007279 (1)

To: Corporation Name

KATYDID PROFESSIONAL CLEANING SERVICE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
5401 S LOIS AVE
TAMPA FL 33611
US

Mailing Address
5401 S LOIS AVE
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 01/22/1993	3a. Date of Last Report 04/27/1994
4. FIC Number 59-3153424	Applied For ☐ Not Applicable
5. Certificate of Status Cleared ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes. ☐ Yes ☒ No	

2. Filing a New or Renewal Report 21	2a. Mailing Address 26
3. Filing a Change of Report 22	3a. Mailing Address 27
4. Filing a Change of Report 23	4a. Mailing Address 28
5. Filing a Change of Report 24	5a. Mailing Address 29
6. Filing a Change of Report 25	6a. Mailing Address 30

9. Name and Address of Current Registered Agent SMITH, DIANA K 5401 S LOIS AVE TAMPA FL 33611	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
---	--

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation hereby, 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, hereby accept this appointment as registered agent. I am further willing to accept the obligations of Section 617.001, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME D SMITH, DIANA K 5401 S LOIS AVE TAMPA FL	1. NAME ☐ Change ☐ Addition
NAME	2. NAME ☐ Change ☒ Addition V. DEWEY W. SMITH JR. 5401 S. LOIS AVE. TAMPA, FL. 33611
NAME	3. NAME ☐ Change ☐ Addition
NAME	4. NAME ☐ Change ☐ Addition
NAME	5. NAME ☐ Change ☐ Addition
NAME	6. NAME ☐ Change ☐ Addition
NAME	7. NAME ☐ Change ☐ Addition
NAME	8. NAME ☐ Change ☐ Addition
NAME	9. NAME ☐ Change ☐ Addition
NAME	10. NAME ☐ Change ☐ Addition
NAME	11. NAME ☐ Change ☐ Addition
NAME	12. NAME ☐ Change ☐ Addition
NAME	13. NAME ☐ Change ☐ Addition
NAME	14. NAME ☐ Change ☐ Addition
NAME	15. NAME ☐ Change ☐ Addition
NAME	16. NAME ☐ Change ☐ Addition
NAME	17. NAME ☐ Change ☐ Addition
NAME	18. NAME ☐ Change ☐ Addition
NAME	19. NAME ☐ Change ☐ Addition
NAME	20. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is, verifiably furnished and does not qualify for the exemption stated in Section 617.001, Florida Statutes. I further certify that the information included 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 of the record or has been empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Diana K. Smith* **DIANA K. SMITH**
SIGNATURE AND PRINTED NAME OF GRADING OFFICER OR DIRECTOR

4/25/95 813-831-5093