

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000021745 (3)

F. Corporation Name

UTOPIA CLEANING, INC.

APPROVED
AND
FILED

5/5/95 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principals Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
P.O. BOX 1986 LARGO FL 34649		P.O. BOX 1986 LARGO FL 34649					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/23/1993		3a. Date of Last Report 10/05/1994	
Suite Apt. #, etc. 22		Suite Apt. #, etc. 27		4. FEI Number 59-3173331		4a. Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24	25	26	27	28	29	30	31
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
7. The corporation has liability for intangible tax under § 199 (0.4% Florida Statute) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation has liability for intangible tax under § 199 (0.4% Florida Statute) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, RYBURN 527 EASTMAN ROAD LARGO FL 34640				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 807.0902 and 807.1508, Florida Statutes, the above named corporation submits the 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 807.0904, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF ANY	
901	PST NAME STREET ADDRESS CITY ST ZIP	11 NAME 12 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
902	V NAME STREET ADDRESS CITY ST ZIP	21 NAME 22 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
903		31 NAME 32 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
904		41 NAME 42 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
905		51 NAME 52 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
906		61 NAME 62 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, hereby, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 110(0.7) of the Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I had personally signed the document. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 110, Florida Statutes, and that my name appears in Block 12 or Block 14 changed or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 (813) 586-1615