

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90149 020 ***158.75

DOCUMENT # P93000044842

1. Corporation Name
CONSCIENTIOUS CLEANING, INC.

Principal Place of Business
1825 LACROSSE AVE
ORLANDO FL 32826
US

Mailing Address
P.O. BOX 541141
ORLANDO FL 32854
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number
59-3189430

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1199 Quintuplet Dr
Suite, Apt. #, etc.

26 1199 Quintuplet Dr
Suite, Apt. #, etc.

22 City & State
Casselberry FL

27 City & State
Casselberry FL

23 Zip
32707

28 Zip
32707

24 Country

29 Country

9. Name and Address of Current Registered Agent

KETCHERSID, CYNTHIA S
1825 LACROSSE AVE
ORLANDO FL 32826

10. Name and Address of New Registered Agent

81 Name
Cynthia S Ketchersid

82 Street Address (P.O. Box Number is not Acceptable)
1199 Quintuplet Dr

83

84 City
Casselberry

FL 85 32707

11. Pursuant 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 CYNTHIA S. KETCHERSID

Cynthia S Ketchersid Pres.

3/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
KETCHERSID, CYNTHIA S
1825 LACROSSE AVE
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 officer 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Cynthia S Ketchersid
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

407-696-0445

0107021

CR2E034 (11/98)