## 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** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90017 005 \*\*\*163.75

DOCUMENT #	P93000049951
1 Cornoration Name	

A&A C	DASTAL POLLUTION CLEAR	NUP SERVICES, INC.			 		12) <b>18</b> 20 <b>18</b> 20		181 81181 1181 1881
	ce of Business	Mailing Address	· · ·	<del></del> .					
3209 THIRD A TAMPA FL 33	AVENUE EAST 605	P O BOX 5028 TAMPA FL 33675				×			
		US				DO NOT WRI	TE IN THIS	SSPACE	
					3. Date Incorpora	ted or Qualifed			
2 Principal	Diago of Business				07/12/1993				
2. Principal i	Place of Business	2a. Mailing Address			4. FEI Number				Applied For
Suite, Apt	i. #. etc.	Suite, Apt. #, etc.			59-3192255	<u>)                                    </u>	· · · · · ·		Not Applicable
22		27 Suite, Apr. #, etc.			5. Certifcate of St	atus Desired			Additional
City & Sta	ite	City & State		·	E Flortion Compa				Required
23		28			6. Election Campa Trust Fund Cor				May Be to Fees
Zip	Country	Zip	Country	у	8. This corporation	<del></del>	ent vear in		to rees
24	25	29	30	-	Personal Prope		alli Acou un	Yes	I.10
	9. Name and Address of Curre	nt Registered Agent			10. Name and Add		egistered		
WEI	NDY S. RENNERT		81	Name					
	1 RICHMOND STREET		82	Street A	Address (P.O. Box Number	is Not Acceptal	hle)		
	SONTON FL 33534		_			10 . 10 . 1			
			83	1					
			84	City	<del>-</del>	<u>.</u>		85 Zip	Code
				1 7			FL	1 1 .	
11. Pursuant	to the provisions of Sactions 607 050	77 and 607 1508 Elorida State	ILa abava			<del></del>			
11. Pursuant office or agent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the contract of		utes, the above authorized by orida Statutes.	e-named of the corpor	orporation submits this sta ration's board of directors.	itement for the p I hereby accept	ourpose of the appoin	changing it ntment as r	s registered egistered
SIGNATURE	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the obligation of the state of the section of the sec					tement for the placept		changing it ntment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age				quired when reinstating)		DATE	<del></del>	
SIGNATURE  12. TITLE	Signature, typed of the annual of registered age OFFICERS AN	ant and title if applicable. (NOT	E: Registered Agen				DATE	<del></del>	
SIGNATURE  12.  TITLE  NAME	Signature, typed of the annual frequence age OFFICERS AN P RENNERT, PATRICK	ant and title if applicable. (NOT ND DIRECTORS	E: Registered Agen		quired when reinstating)		DATE	D DIRECT	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	OFFICERS AND PROMPTS OF PATRICK 8541 RICHMOND ST.	ant and title if applicable. (NOT ND DIRECTORS	13.	nt signature rec	quired when reinstating)		DATE	D DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	P RENNERT, PATRICK 8541 RICHMOND ST. GIBSONTON FL	and and title if applicable. (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADORESS	quired when reinstating)		DATE	D DIRECT	ORS IN 12
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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 Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: