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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060981 (6)

JUPITE	ER CARPET CARE, INC.								
Principal Plac	ce of Business	Mailing Address	T.F			- I IEDITADI IIO IDIDE KIJI ODIH DDIH BOHI DDIH	EIRI DOND (FIOL IE	HET HAN THE	
270 SUSSEX CIR P.O. BOX 1482 JUPITER FL 33458 JUPITER FL 33458						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualified			
						08/31/1993	<del></del>	····-	
2. Principal Place of Business 26. Mailing Address						4. FEI Number		pplied For	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-0437735		ot Appticable	
— ,						5. Certificate of Status Desired		Additional equired	
City & Stat	22					6. Election Campaign Financing		May Be	
23						Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.	~	□ No	
	g. Name and Address of Cur	rant Registered Agent				10. Name and Address of New Registers	d Agent		
ST	UMPF, KEVIN P			61	Name				
270 SUSSEX CIR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
JUPITER FL 33458									
				83					
•	•				84 City 85 Zip Code				
					•				
SIGNATURE	Signature typed or punited name of registered	agent and title if applicable (N	O1E: Registered			oration submits this statement for the purpose ion's board of directors. I hereby accept the a red when reinstating)			
12.	Y	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D DELETE			1.1 TITLE			☐ Change	Addition	
NAME	STUMPF, KEVIN P		1.2 NA		ļ				
STREET ADDRESS	270 SUSSEX CIR				ADDRESS				
CITY-ST-ZIP	JUPITER FL 33458	DELETE	1.4 CH 2.1 TIT		- ZIP		Change	Addition	
TITLE	D CTUBER LINES						[_] Change	M Applition	
NAME CZOSCY ADDDEDS	STUMPF, LINDA A 270 SUSSEX CIR		2.2 NA		ADDRESS				
STREET ADDRESS	JUPITER FL 33458		2.3 ST						
CITY - ST - ZIP	JUPITER PL 33436	DELETE	3 1 TII		1.11		Change	Addition	
NAME			32 NA				E onerge		
STREET ADDRESS					ADDAESS				
CITY-ST-ZIP			3.4. CI						
TITLE		DELETE	4.1 TITL				Change	Addition	
NAME			4. 2 NA				_		
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		DELETE	5.1 TIT				Change	Addition	
NAME			52 NA	ME	1				

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change Addition

**FILED** 

Apr 21 1998 8:00am

Secretary of State