SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000068638 (4) C-CLEAN FLOOR MAINTENANCE, INC. Principal Place of Business Mailing Address 1394 SOUTH HILLOCK TERRACE 1394 SOUTH HILLOCK TERRACE INVERNESS FL 34452 INVERNESS FL 34452 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zlp Country Zip Country

FILED Jul 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1993 4. FEI Number Applied For 59-3208831 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has pald the current year Intengible Personal Property Tax due June 30. Yes No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORNWELL, DAVID L 1394 SOUTH HILLOCK TERRACE Street Address (P.O. Box Number is Not Acceptable) INVERNESS FL 34452 83 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE D DELETE Change Addition CORNWELL, DAVID L NAME 1.2 NAME 1394 SOUTH HILLOCK TERRACE STREET ADDRESS 1,3 STREET ADDRESS INVERNESS FL 34452 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition CORNWELL, DONNA M NAME 2.2 NAME 1394 SOUTH HILLOCK TERRACE STREET ADDRESS 2.3 STREET ADDRESS INVERNESS FL 34452 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP 5.1 TITLE Change TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 eddress.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

100

CR2E034 (5/98)