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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000076888 (5)

SPOTLESS SERVICES, INC.,

Mailing Address Principal Place of Business 7811 1ST AVE. W. 7811 1ST AVE. W. **BRADENTON FL 34209-2124 BRADENTON FL 34209** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1993 07/11/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0442986 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes Allo 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUMMING, FILOMENA 7811 1ST AVE. W Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 City Zip Code 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

SIG of and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE THLE CUMMING, MICHAEL R NAME 1.2 NAME 7811 1ST AVE W STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34209** 1.4 CITY-ST-ZIP CITY - ST - ZE DELETE Addition 2.1 TITLE Change THE **CUMMING, FILOMENA** NAME 22 NAME 7811 1ST AVE W STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL 34209** 2.4 CITY-ST-ZiP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - S1 - ZIP DELETE Change Addition TILLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address Cherry A. Cummano 4/27/57 941-750-0920

14. I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

May 06 1997 8:00am

Secretary of State