

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000002706 (7)

1. Corporation Name

GEORGIA BOY CARPET CLEANING SERVICES, INC.

Principal Place of Business

**3920 S.E. PINE AVE.
OCALA FL 34470**

Mailing Address

**3920 S.E. PINE AVE.
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

1st Year

4. FEI Number

59-3220128

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**

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3920 S. PINE AVE

2a. Mailing Address

26 3920 S. PINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Ocala FL

City & State

28 Ocala FL

Zip

Country

24 34480

25 USA

Zip

Country

29 34480

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, LARRY B
3920 S.E. PINE AVE.
OCALA FL 34470**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3920 S. PINE AVE

83

84 City

Ocala

FL

85 Zip Code

34480

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**D
CUNNINGHAM, LARRY B
3920 S.E. PINE AVE.
OCALA FL 34470**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**P/D
CUNNINGHAM, LARRY B.
3920 S. PINE AVE
OCALA FL 34480**

☒ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

LARRY B. CUNNINGHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Mar 95

Date

(904) 351-4227

Telephone Number