
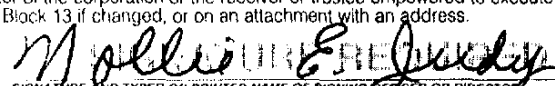


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000003413 (9)					
1. Corporation Name HUBERT EVERHART'S KLEEN-ALL PRODUCTS, INC.					
Principal Place of Business 2220 POYNER RD S POLK CITY FL 33868			Mailing Address 2220 POYNER RD S POLK CITY FL 33868-8946		
Renumbered by P.O. for 911 Purposes					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5201 POYNER OAKS RD S		26 5201 POYNER OAKS RD S		01/06/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report	
23 Polk City FL		28 Polk City FL		04/09/1996	
24 33868		29 33868		4. FEI Number	
25 USA		30 USA		59-3219278	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WYNN, W. SCOTT 145 E BROAD ST GROVELAND FL 34736				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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.					
SIGNATURE:  04/04/97 941-984-2884					

CR2E034 (9/96)