SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009939 (7)**

1. Corporation Name
CHUTERS CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
2821 N.E. 7TH TERRACE POMPANO BEACH FL 33064	2821 N.E. 7TH TERRACE POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4321 NW 19th Ave.	26 4321 NW 19th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip 24 33064 / Country 25 USA	Zip 29 33064 / Country 30 USA

4. FEI Number: 65-0547618 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISHER, BRUCE
2821 N.E. 7TH TERRACE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

61 Name: Robert G. Johnston, Jr.
62 Street Address (P.O. Box Number is Not Acceptable): 4321 NW 19th Ave.
63
64 City: Pompano Beach FL 65 Zip Code: 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	FISHER, BRUCE	1.2 NAME	Robert G. Johnston, Jr.	
STREET ADDRESS	2821 N.E. 7TH TERRACE	1.3 STREET ADDRESS	664 Lock Road	
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	2.1 TITLE	Secretary/Treasurer	☐ Change ☒ Addition
NAME	JOHNSTON, ROBERT	2.2 NAME	Betty P. Johnston	
STREET ADDRESS	664 LOCK ROAD	2.3 STREET ADDRESS	664 Lock Road	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		3.1 TITLE	Vice President	☐ Change ☒ Addition
NAME		3.2 NAME	Robert S. Cusmano	
STREET ADDRESS		3.3 STREET ADDRESS	4321 NW 19th Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		4.1 TITLE	Vice President	☐ Change ☒ Addition
NAME		4.2 NAME	Charles Flenniken	
STREET ADDRESS		4.3 STREET ADDRESS	4321 NW 19th Ave.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 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: Robert Johnston Betty Johnston 6/30/95 305-968-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027047 CP