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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000011583**

DOYLE'S CARPET STEAM, INC.

Principal Plac	ce of business .	Malling Address								
1625 OSPREY	AVE	P O BOX 8954				ĺ				
NAPLES FL 34	NAPLES FL 34102 NAPLES FL 34102					ļ				
US		US				j D	O NOT WRIT	TE IN THIS	SPACE	
						3. Date Incorporated	or Qualifed	•		
						02/07/1994				•
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	 .			Applied For
21		26				65-0491758			<u> </u>	Not Applicable
Suite, Apt.	# oto	Suite, Apt, #, etc.				03 043 1730				Additional
	. n , 610.	H -, -, -,				5. Certifcate of Statu	s Desired			Required
22	· · · · · · · · · · · · · · · · · · ·	27						-:		
City & Stat	te	City & State				6. Election Campaign	_	П		🕽 May Be
23	28					Trust Fund Contril	oution		Adde	d to Fees
Zip	Country	Zip	Count	ry		8. This corporation of	wes the curr	ent year In		
24	25	29	30			Personal Property	Tax.		X Yes	□No
	9. Name and Address of Current I					10. Name and Addre	ss of New R	egistered	Agent	
		£ 3 5 6	18	1 N	ame					
GAR	RNER, JOHN A		-	-		(5.6.5		,		
900	SIXTH AVENU8E SOUTH		{	12 Si	treet Addres	ss (P.O. Box Number is	Not Accepta	DIe)	,	*. *
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	PLES FL 33940		`	"			自翻路的邊		謹撰鄉	
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grade in estant	. 3.4	e e e e e	1		•			FL	. ' '	
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statut	es, the abo	ve-па	med corpor	ation submits this state	ment for the	purpose of	changing it	ts registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligatio	Florida. Such change was a ns of Section 607 0505. Flo	uthorized b	y the	corporation	's board of directors. I h	ereby accep	t the appo	intment as i	registered
=		113 01, 36011011 007.0300, 1 10	inda Olatoti	55.						
SIGNATURE	·							_		
OIOIUITONE	Signature typed or printed name of registered agent a	nd title if applicable (NOTE	· Registered A	ent sinn	ature required y	mon reinstating)		DATE		
	Signature, typed or printed name of registered agent a			ent sign	ature required v	ADDITIONS/CHAN	CES TO OFF	DATE	ID DIRECT	OPS IN 12
12.	OFFICERS AND	DIRECTORS	13.		nature required v	ADDITIONS/CHAN	GES TO OFF			
12.	OFFICERS AND PVST		13.	<u> </u>	ature required v		GES TO OFF		D DIRECT	
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12.	OFFICERS AND PVST MCKINZIE, DOYLE 1625 OSPREY AVE	DIRECTORS	13.	E			GES TO OFF			
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14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90039 026 ***150.00