FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:42

DOCUMENT # P94000017294 (7)

1. Corporation Name
UNLIMITED CLEANING & MAINTENANCE, INC.

Principal Place of Business	Mailing Address
13127 LAVER LN ORLANDO FL 32824	13127 LAVER LN ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 2316 RUBY AVENUE
2a. Mailing Address — 26: 2316 RUBY AVE.
4. FEI Number: 59-3225826 ☐ Applied For ☐ Not Applicable
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23: City & State: KISSIMMEE
28: City & State: KISSIMMEE.
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24: Zip: 34741 — 25: Country: FL.
29: Zip: FL34741. — 30: Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCINTEE, JOHN E
241 E RUBY AVE B
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: JOHN WISE
82 Street Address (P.O. Box Number is Not Acceptable): 13127, LAVER LANE
83:
84 City: ORLANDO FL — 85 Zip Code: 32824.

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 _____ 3/30/95.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WISE, JOHN	1.2 NAME	
STREET ADDRESS	13127 LAVER LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	1.4 CITY-ST-ZIP	
TITLE	~~DP~~ D/S/T	2.1 TITLE	☐ Change ☐ Addition
NAME	WISE, JENNIFER M	2.2 NAME	
STREET ADDRESS	13127 LAVER LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	
TITLE	~~DV~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~COMBS, DONALD R~~	3.2 NAME	
STREET ADDRESS	~~13127 LAVER LN~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32824~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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 attached sheet with an address.

SIGNATURE: _____ 4/3/95. (407) 8475858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0410310 FP