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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000019841 (3)

1. Corporation Name

SPRING CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

**4790 S.W 55 AVE.
DAVIE FL**

**4790 S.W 55 AVE.
DAVIE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1994** 3a. Date of Last Report

4. FEI Number **65-0473992** 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 35-109-032 Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. County

28. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, ELIZABETH A
4790 S.W 55 AVE.
DAVIE FL**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Representative of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: D WRIGHT, ELIZABETH A 2. STREET ADDRESS: 4790 S.W 55 AVE. 3. CITY, ST. ZIP: DAVIE FL	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY, ST. ZIP: _____	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 8. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY, ST. ZIP: _____	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY, ST. ZIP: _____	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 16. CITY, ST. ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the board, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02, 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 in the state that has an effect on dissolution of the corporation or the removal of a director responsible for conversion into this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or conversion filing with records.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95