

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020689 (3)

1. Corporation Name

RCW TOTAL CLEANING INC.

Principal Place of Business

Mailing Address

**40 ROYAL COVE DR.
NAPLES FL 33963**

**40 ROYAL COVE DR.
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

4. FEI Number

65-047 2068

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2 ROYAL COVE DR

City & State

City & State

Zip

Country

Zip

Country

24

25

29

33963

30

COVIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, D M
1805-E CR 951
NAPLES FL 33999**

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

Signature must be 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
RANDALL COMPEAN**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PRESIDENT
RANDALL COMPEAN
2 ROYAL COVE DRIVE, NAPLES
FL 33963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
DENNIS COMPEAN**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**RANDALL COMPEAN
DENNIS
2 ROYAL COVE DRIVE VICE PRESIDENT
NAPLES FL 33963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
CARRIE OPLE**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**SECRETARY
CARRIE OPLE
2 ROYAL COVE DRIVE
NAPLES FL 33963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
#

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**MARK COMPEAN
2 ROYAL COVE DRIVE VICE
NAPLES, FL 33963**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Randall L. Compean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-95

5926074

Date

Signature Number