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**APPROVED
AND
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1995 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000021491

1. Corporation Name

A & S PRESSURE CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

**428 VIRGO LANE
ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

MARCH 16, 1994

3a. Date of Last Report

N/A

2. Principal Place of Business

21 5320 WIDGEON COURT

2a. Mailing Address

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIDDLEBURG, FLORIDA

28

Zip

Country

Zip

Country

24 32068

25

CLAY

29

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4. FEI Number

59-3304135

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

**AVINGER, ANTHONY E
428 VIRGO LANE
ORANGE PARK, FL 32073**

10. Name and Address of New Registered Agent

81 Name

ROBERT W. WARD, JR.

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

5320 WIDGEON COURT

83

84 City

MIDDLEBURG

FL

85 Zip Code

32068

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 *Robert W. Ward, Jr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

4-26-95

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **AVINGER, ANTHONY E**
STREET ADDRESS **428 VIRGO LANE**
CITY, ST, ZIP **ORANGE PARK, FL 32073**

TITLE **D**
NAME **STEWART, MARVIN G**
STREET ADDRESS **595 TARA FARMS DR**
CITY, ST, ZIP **DOCTORS INLET, FL 32030**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/D** ☐ Change ☒ Addition
1.2 NAME **WARD, ROBERT W, JR**
1.3 STREET ADDRESS **5320 WIDGEON COURT**
1.4 CITY, ST, ZIP **MIDDLEBURG, FL 32068**

2.1 TITLE **V/S/D** ☒ Change ☐ Addition
2.2 NAME **STEWART, MARVIN G**
2.3 STREET ADDRESS **595 TARA FARMS DR**
2.4 CITY, ST, ZIP **DOCTORS INLET, FL 32030**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **Robert W. Ward, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

4-26-95 (904) 282-9509