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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000023683 (3)

1. Corporation Name
DEBBIES CHRISTIAN CLEANING SERVICE INC.

Principal Place of Business
5255 Santa Monica S.
JACKSONVILLE FL 32207
US

Mailing Address
5255 Santa Monica S.
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
03/24/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3231268

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

10. Name and Address of New Registered Agent

MARIN, DEBORAH
5255 Santa Monica S.
JACKSONVILLE FL 32207

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, typed name and title 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 P. Owner / Director ☐ DELETE
NAME Deborah Marin
STREET ADDRESS 5255 Santa Monica S.
CITY-STATE-ZIP Jax FL 32207

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE VP Vice President ☐ DELETE
NAME ROWELL, TRACY
STREET ADDRESS 5255 Santa Monica S.
CITY-STATE-ZIP JACKSONVILLE FL 32207

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE President ☐ DELETE
NAME BODY, DEBRA BODYTKO correct
STREET ADDRESS 5255 Santa Monica S. spelling
CITY-STATE-ZIP JACKSONVILLE FL 32207

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME lastname spelled
3.3 STREET ADDRESS Wrong. Bodytko correct
3.4 CITY-STATE-ZIP

TITLE S. ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Secretary
4.3 STREET ADDRESS Sarah Behrle
4.4 CITY-STATE-ZIP 5255 Santa Monica S.
Jax. FL 32207

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Deborah Marin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 904-731-0450
Deborah Marin
Date Daytime Phone #

0037369

CR2E034 (9/96)