

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90045 034 ***150.00

DOCUMENT # P94000023683

1. Corporation Name

DEBBIES CHRISTIAN CLEANING SERVICE INC.

Principal Place of Business

6180 BOWDENDALE AVE
JACKSONVILLE FL 32216
US

Mailing Address

6180 BOWDENDALE AVE
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARIN, DEBORAH

~~5255 SANTA MONICA S~~
~~JACKSONVILLE FL 32207~~

new address
138 11th Ave S.
Jax. Beach, FL 32250

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME MARIN, DEBORAH
STREET ADDRESS 5255 SANTA MONICA S
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP
NAME ROWELL, TRACY
STREET ADDRESS 5255 SANTA MONICA S
CITY-ST-ZIP JACKSONVILLE FL

TITLE P
NAME BODYTKO, DEBRA
STREET ADDRESS 5255 SANTA MONICA S
CITY-ST-ZIP JACKSONVILLE FL

TITLE S
NAME BEVERLY WATTS
STREET ADDRESS 1154 INGLESIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Wendy Hackbath
138 11th Ave S
Jax Bch, FL 32250

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Deborah Marin
Signature and Typed or Printed Name of Signing Officer or Director

Date 3/20/99 Daytime Phone # 904-270-1088

CR2E034 (11/98)