

Amended # 61-25
FILED NOV 19 1999

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000025708**

1. Corporation Name

MULLIGAN'S PRESSURE CLEANING, INC.

Principal Place of Business

**1004 Manatee Road
No. H-303
Naples, FL 34116**

Mailing Address

**1004 Manatee Road
No. H-303
Naples, FL 34116**

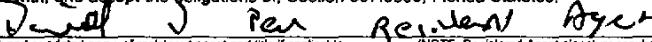
FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
1004 Manatee Road No. H-303 Naples, FL 34116		1004 Manatee Road No. H-303 Naples, FL 34116		3. Date Incorporated or Qualified 04/01/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0484860	
21	26	27	Suite, Apt. #, etc.	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	28	29	City & State	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
Zip		25	Zip	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
County		26	Country	27	28
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Daniel D. Peck, Esquire Peck & Peck 5801 Pelican Bay Boulevard, Suite 103 Naples, FL 34108				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 607.0503, Florida Statutes.

SIGNATURE 

7/1/99

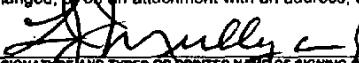
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President, Treasurer & Director <input type="checkbox"/> DELETE	1.1 TITLE 1000002924651 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, L. JOSEPH	1.2 NAME -07/07/99-01026--004
STREET ADDRESS	1004 Manatee Road, No. H-303	1.3 STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP	Naples, FL 34116	1.4 CITY-ST-ZIP
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUE, PETER E.	2.2 NAME
STREET ADDRESS	4411 Rose Avenue	2.3 STREET ADDRESS
CITY-ST-ZIP	Naples, FL 34112	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

Daytime Phone #

CR2E034 (11/98)