

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

DOCUMENT # P94000039495

1. Corporation Name
A CLEAN REVIEW, INC.

Principal Place of Business
9251 90TH STREET NORTH
SEMINOLE FL 34647

Mailing Address
9251 90TH STREET NORTH
SEMINOLE FL 34647

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90007 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1994

4. FEI Number
59-3251836

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

2. Principal Place of Business
21 7499-46 Ave N ofc

2a. Mailing Address
26 7499-46 Ave N, ofc

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
St. Pete FL

28 City & State
St. Pete FL

24 Zip
33709

29 Zip
33709

Country
USA

Country
USA

9. Name and Address of Current Registered Agent

HITE, ROBIN L
9251 90TH STREET NORTH
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81 Name
Robin L. Hite
82 Street Address (P.O. Box Number is Not Acceptable)
7499-46 Ave N, ofc
83
84 City
St. Pete FL

85 Zip Code
33709

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
Robin L. Hite, Pres

DATE
3-20-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
HITE, ROBIN L
STREET ADDRESS
9251 90TH STREET NORTH
CITY-ST-ZIP
SEMINOLE FL 34647

TITLE
PST
NAME
HITE, ROBIN L
STREET ADDRESS
9251 90TH STREET NORTH
CITY-ST-ZIP
SEMINOLE FL

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
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

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: Robin L. Hite, Pres
DATE: 3-20-99
DAYTIME PHONE #: 727-547-7060

CR2E034 (11/98)