FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 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 # **P94000042940 (4)**

1. Corporation Name
C & C PROFESSIONAL CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
1404 CARDINAL ST. LONGWOOD FL 32750	1404 CARDINAL ST. LONGWOOD FL 32750-3149

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business	21	1008 OLIVE DR	
Suite, Apt. #, etc.	22	~~CASSELBERRY FLA~~	
City & State	23	~~32707~~ CASSELBERRY FLA.	
Zip / Country	24 / 25	32707 / SEMINOLE	
2a. Mailing Address	26	1008 OLIVE DR	
Suite, Apt. #, etc.	27		
City & State	28	CASSELBERRY FLA	
Zip / Country	29 / 30	32707 / SEMINOLE	

4. FEI Number: 59-3254271 ☐ 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

COMAN, ROGER S
1404 CARDINAL ST.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: ROGER S. COMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1008 OLIVE DR
83
84 City: CASSELBERRY FL 85 Zip Code: 32707

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 _____ 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COMAN, ROGER S		1.2 NAME	
STREET ADDRESS	1404 CARDINAL ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAVEZ, JUDY M		2.2 NAME	
STREET ADDRESS	1404 CARDINAL ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Roger S Coman ROGER S. COMAN 4-28-97 695-5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067902