

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # P94000043030 (3)

1. Corporation Name  
QUALITY CLEANING SERVICE, INC.



Principal Place of Business  
502 2ND AVENUE EAST  
BRADENTON FL 34208

Mailing Address  
502 2ND AVENUE EAST  
BRADENTON FL 34208-1108

3. Date Incorporated or Qualified  
06/08/1984

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business  
21 7130 River Club Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7130 River Club Blvd.  
Suite, Apt. #, etc.

4. FEI Number  
65-0493350

Applied For  
Not Applicable

22 City & State  
23 Bradenton, FL

27 City & State  
28 Bradenton, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34202 25 Country

29 Zip 34202 30 Country

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

PETERSON, PAMELA K  
502 2ND AVENUE EAST  
BRADENTON FL 34208

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7130 River Club Blvd.  
83  
84 City Bradenton FL 85 Zip Code 34202

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, EDWARD L	
STREET ADDRESS	502 2ND AVENUE EAST	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, PAMELA K	
STREET ADDRESS	502 2ND AVENUE EAST	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7130 River Club Blvd.
1.4 CITY - ST - ZIP	BRADENTON, FL 34202
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7130 River Club Blvd.
2.4 CITY - ST - ZIP	BRADENTON, FL 34202
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(941)951-7909

Date

Daytime Phone #

CR2E034 (9/96)