

. FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047530 (8)

1. Corporation Name

SONICLEAN, INC.



Principal Place of Business

**107 CLEAR LAKE CIRCLE
SANFORD FL 32773**

Mailing Address

**107 CLEAR LAKE CIRCLE
SANFORD FL 32773**

2. Principal Place of Business

2a. Mailing Address

21 **408 Sun Lake Circle**

26 **408 Sun Lake Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **100**

27 **100**

City & State

City & State

23 **Lake Mary FL**

28 **Lake Mary FL**

Zip

Country

Zip

Country

24 **32746**

25 **USA**

29 **32746**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
09/13/1995

4. FEI Number
59-3257132

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

**HILL, FRANK R
107 CLEAR LAKE CIRCLE
SANFORD FL 32773**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

408 Sun Lake Circle

83

#100

84 City

Lake Mary

FL

85 Zip Code
32746

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 to whom applicable

(NOTE: Registered Agent signature required after rechartering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

**HILL, FRANK R
107 CLEARLAKE CIRCLE
SANFORD FL 32773**

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

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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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**408 Sun Lake Circle
Lake Mary, FL 32746**

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

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Frank R Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

407-328 9635

Date

Daytime Phone #

CR2E034 (12/95)