

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048888 ✓  
1. Corporation Name

COM-CLEAN, INC.

Principal Place of Business  
47 KATHY DRIVE  
ORMOND BEACH FL 32176

Mailing Address  
47 KATHY DRIVE  
ORMOND BEACH FL 32176

FILED  
Jul 15, 1999 8:00 am  
Secretary of State

07-15-1999 90005 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

59-3259642

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. ☐ Yes ☒ No

2. Principal Place of Business

21 868 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

22

23 City & State  
ORMOND BEACH FL

Zip

24 32174

Country

25 USA

2a. Mailing Address

26 868 N. RIDGEWOOD AVE.

Suite, Apt. #, etc.

27

28 City & State  
ORMOND BEACH FL

Zip

29 32174

Country

30 USA

9. Name and Address of Current Registered Agent

VELARDI, PATRICIA  
47 KATHY DRIVE  
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

VELARDI, PATRICIA

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

868 N. RIDGEWOOD AVE.

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

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 D ☐ DELETE

NAME VELARDI, PATRICIA

STREET ADDRESS 47 KATHY DRIVE

CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME VELARDI, PATRICIA

1.3 STREET ADDRESS 868 N. RIDGEWOOD AVE.

1.4 CITY-ST-ZIP ORMOND BEACH FL 32174

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: Patricia Velardi (Patricia C. Velardi)

7-6-99 (904) 676-2252

CR2E034 (5/99)

588630-70005-14  
P94000048888

Com-CLEAD INC  
868 N. RIDGEWOOD AVE.  
ORMOND BEACH, FL 32174

7-6-99

To Whom It May Concern:

Check # 1512 is being sent to replace ck# 1450 which was mailed to Tallahassee with original report on 4/26/99. It has apparently been lost in the US mailing system.

Ck # 1450 as of today has not cleared bank and one of your reps @ (850) 488-6059 advised me to mail another check with this note explaining situation. I was told that a copy of original check stub is not necessary at this time, however if you need it you can contact me @ (904) 676-2252.

Com-CLEAD INC.

Thank you -  
Patricia C. Velardi