Apr 28, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400065247

1. Corporation Name

	CLEAN SERVICES INC														
Principal P ac	e of Business	Mailing A	Address					'		• • • • • • • • • • • • • • • • • • • •			******		,=:- 125, 1221
7504 BEACH D		P.O. BOX	-												
PANAMA CITY US	BEACH FL 32408	PANAMA	PANAMA CITY FL 32407					DO NOT WRITE IN THIS SPACE							
03							<u> </u>	3. Date	Incorporate						
								09/0	1/1994						
2. Principal P	Place of Business	2a. Mailir	ng Address					4. FEI N						App	ited For
21		26						59-3	263285					Not	Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.					E Cortif	cate of Star	us Desire	ed &	7	•		dditional
22		27						J. Cerui		us Desire			Fe	e Re	luired
City & 5 tat	te	City (& State					6. Electi	cn Campai	gn Financ	ing [ר	\$5	₁ 00.	vlay Be
23		28							Fund Cont					ded to	Fees
Zip	Country	Zip		Cou	intry				corporation		current	year Int			-7 N.a.
24	25	29	.	30	_				nal Proper and Add		ow Boni	ictory d	Yes		⊒No
	9. Name and Add ress of	Curren Registered	Agent		81	Name		iu. Name	and Audi	ess of N	ew reg	Sterriu .	Agent		_
HAN	ICE, JOANN					1101110									
	3 CALABRIA DR.				82	Street A	Address	(P.O. Bo	: Number	is Not Acc	ceptable)			
1	IAMA CITY FL 32405				83										
					84	City						FL	85	Zip C	ode
11 Duraniant	to the provisions of Sections 6	507.050° and 607.150	18 Florida Stati	tos the al	hove-	named o	curnora	tion subm	uts this stat	ement for	the pur	pose of	changir	a its	egistered
office or r	registered agent or both in the	e State of Florida, Suc	ch change was	authorized			or ation's	board of	directors	hereby a	ccept th	e appoi	ntment :	as reç	istered
agent. I a	am familiar with, and a scept the	e obligations of, Section	on 607.0505, FI	orida Stati	utes.	те согро					4	151	199		
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CITY-ST-ZIP 14. I heretry certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0; (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 ham 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 the my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 233 -0488