

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072736 (9)

1. Corporation Name

ATLANTIC STEAM/PRESSURE CLEANING, INC.



Principal Place of Business

7001 N. ATLANTIC AVENUE
BOX 7
CAPE CANAVERAL FL 32920

Mailing Address

P O BOX 1275
BOX 7
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

21 7001 N Atlantic Ave

Suite, Apt. #, etc.

22 Ste 110 Box 7

City & State

23 Cape Canaveral, FL

Zip

24 32920

Country

25 Brevard

2a. Mailing Address

26 P.O. Box 1227

Suite, Apt. #, etc.

27

City & State

28 Cape Canaveral, FL

Zip

29 32920

Country

30 Brevard

4. FEI Number
59-3272076

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

RICHARD, JOHN W
310 GRANT AVE
C-8
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 VST ☐ DELETE

NAME RICHARD, SUSAN M
STREET ADDRESS 310 GRANT AVENUE C8
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE VPD ☐ DELETE

NAME LOCKARD, RANDAL
STREET ADDRESS 320 GRAND AVENUE D4
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE STD ☒ DELETE

NAME RICHARD, SUSAN M
STREET ADDRESS 321 JOHNSON AVENUE A3
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

PD
Richard, John W.
310 Grant Ave C-8
Cape Canaveral, FL 32920

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: Susan M. Richard Susan M. Richard 4/8/96 (407) 783-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)