

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:58

DOCUMENT # P94000077959 (2)

1. Corporation Name:

QUANTUM LEAP CLEANING SERVICES, INC.

Principal Place of Business:

Mailing Address:

P.O. BOX 273746
TAMPA FL 33688

P.O. BOX 273746
TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

2. Principal Place of Business:

2b. Mailing Address:

21

26

4. FFI Number

593278452

Applied For

Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLAS, MARK E
13935 FLETCHERS MILL DRIVE
TAMPA FL 33613

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 607.05032 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Typed Name and Title)

Signature of New Registered Agent (Typed Name and Title)

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPVS
1. NAME	BALLAS, MARK E
1. STREET ADDRESS	13935 FLETCHERS MILL DRIVE
1. CITY, ST, ZIP	TAMPA FL 33613
2. TITLE	
2. NAME	BALLAS, MARK E
2. STREET ADDRESS	13935 FLETCHERS MILL DRIVE
2. CITY, ST, ZIP	TAMPA FL 33613
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

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(6)(b), 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 this 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

Date

Signature (Print Name)