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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000077959 (2)

FILED May 12 1998 8:00am Secretary of State

QUANTUM LEAP CLEANING SERVICES. INC. Principal Place of Business Mailing Address P.O. BOX 273748 P.O. BOX 273746 TAMPA FL 33688 TAMPA FL 33688 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3278452 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BALLAS, MARK E 13935 FLETCHERS MILL DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 84 Čity 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition BALLAS, MARK E MANIF 1.2 NAME 13935 FLETCHERS MILL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 14 CITY-ST-7IP DELETE Addition Change TITLE 2.1 TiTLE BALLAS, MARK E NAME 2.2 NAME 13935 FLETCHERS MILL DRIVE STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIF

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 suppliemental 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 trusted 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 from an altrachment with an orders.

SIGNATURE:

813-969-1844

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