FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #

Gator's Carpet & Upholstern Cleaning,

26

9. Name and Address of Current Registered Agent

95000005529°

Principal Place of Business LUJAS NW ASlant margate, FL 330*(0*3

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

750X

7508 NW 1325H gainesville, FC

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Numb Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent

FILED

Secretary of State

05-06-1999 90166 014 ***150.00

May 06, 1999 8:00 am

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.

83

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE Change Addition 11 TITLE afreniere, walter NAME 12 NAME STREET ADDRESS 13 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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 out; 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 add/ess, vith all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

(11/98)CR2E034