## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000008123 (8)

CLEAN AS A WHISTLE, INC.

Mailing Address Principal Place of Business 1808 N. CONRAD AVE. 1808 N. CONRAD AVE. SARASOTA FL 34234 SARASOTA FL 34234 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0557626 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip 29 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRADY, THOMAS G 1808 N. CONRAD AVE. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34234 Zip Code City 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 registrical agent, or both, if the Statu of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am tanker with, and according organisms of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE BRADY, THOMAS G 1.2 NAME NAME 1808 N. CONRAD AVE. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE NAME BRADY, RENA L 2.2 NAME STREET ADDRESS 1808 N. CONRAD AVE. 2.3 STREET ADDRESS SARASOTA FL 34234 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

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 supplient annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the completion or the receiver or trusted emporar do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged or on an attachment with an address.

3.4. CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME

2.19.98

941-953-3462

Change

Change

Channe

Addition

Addition

Addition

FILED

Feb 24 1998 8:00am

Secretary of State