

995000013974

Chris McHendon  
(Requestor's Name)  
114 Almond Rd.  
(Address)  
Deale, FL 34472  
(City, State, Zip) (Phone #)

200001403772  
-02/10/95--01114--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

200001403772  
-02/20/95--01080--002  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

FILED  
95 FEB 20 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time \_\_\_\_\_     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

W95-3792

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 13, 1995

CHRIS MCLENDON  
114 ALMOND RD.  
OCAIA, FL 34472

SUBJECT: VACUUM LEASING, BAGS & REPAIRS, INC.  
Ref. Number: W9500003292

We have received your document for VACUUM LEASING, BAGS & REPAIRS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please correct article 4. The articles must be filed under Florida law, not Delaware.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Nancy Hendricks  
Corporate Specialist

Letter Number: 295A00006305

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Chris McLendon 114 Almond Rd, Ocala, Fl. 34472

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20<sup>th</sup> day of February, 1995.

Ch McL  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Vacuum Leasing Bags, & Repairs, Inc.

2. The name and address of the registered agent and office is:

Chris McLendon  
(Name)  
114 Almond Road  
(P.O. Box not acceptable)  
Ocala, Fl. 34472  
(City/State/Zip)

95 FEB 20 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

February 20<sup>th</sup>, 1995  
(Date)

P95000013974

Chris McLendon  
(Requestor's Name)  
114 Almond Rd  
(Address)  
Ocala FL 34472  
(City, State, Zip) (Phone #)  
9046946560

700001427577  
-03/13/95--01019--008  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in  Pick up time \_\_\_\_\_  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

95 MAR -8 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
<input checked="" type="checkbox"/> Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

3/8  
John  
Name Change  
J.W.S.

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

Vacuum Leasing, Bags & Repairs, Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article I is being Amended to read:  
Vacuums, Inc.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

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95 MAR -8 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**THIRD:** The date of each amendment's adoption: 3-7-95.

**FOURTH:** Adoption of Amendment(s) (check one)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this March day of 8, 1995.

Signature [Handwritten Signature]  
(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Chris Mcendon

Typed or printed name

President

Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000013974

96 DEC 16 AM 9:17

1. Corporation Name

VACUUMS, INC.

Principal Place of Business

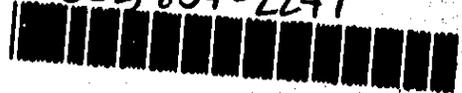
114 ALMOND ROAD  
OCALA FL 34472  
3535 SE Maricamp Rd.  
34471  
Cedar Shores Plaza

Mailing Address

114 ALMOND ROAD  
OCALA FL 34472

Our Newest 2nd location:

2 2461-A S.W. 27th Ave  
Ocala, FL 34474  
Shady Oaks Plaza  
(352) 854-2247



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/20/1985

5. FEI Number

65-0559558

Applied For

Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

CERTIFICATE OF STATUS DESIRED

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President Owner	Chris E. McLendon	114 Almond Rd	Ocala, FL 34472

7000002031967--2  
-12/18/96--01017--009  
\*\*\*\*375.00 \*\*\*\*375.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

MCLENDON, CHRIS  
114 ALMOND ROAD  
OCALA FL 34472

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.37(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96 352-694-2247  
Date Daytime Phone #