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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000015094

1. Corporation Name

CALCLEAN, INC.

Principal Pla	ce of Bu	siness
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FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90075 018 ***150.00



Principal Place of Business	Mailing Address					
1176 TAMIAMI TRAIL N NAPLES FL 33940	4588 TAMIAMI TRAIL N NAPLES FL 33940					
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				02/21/1995		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For		
` 1	26			65-0591409 Not Applica	ble	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country 4 25	Zip (30)			8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of	Current Registered Agent			10. Name and Address of New Registered Agent		
HAINS, TIMOTHY G		81	Name			
4501 TAMIAMI TRAIL		82	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 300 NAPLES FL 33940		83				
1011 CEO 1 E 000 10		84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was authori	e abov	e-named corporatio	rporation submits this statement for the purpose of changing its registere tion's board of directors. I hereby accept the appointment as registered	d	

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE Addition PSD TITLE SPENCER, DAVID S 12 NAME NAME 3000 Cration Road 1.3 STREET ADDRESS STREET ADDRESS 299 MERMAIDS BIGHT NAPLES FL 33940 1.4 CITY-ST-ZIP CITY-ST-ZIP Change [*] Addition TITLE □ DELETE 2.1 TITLE CANNISTRARO, LOUIS 2.2 NAME NAME STREET ADDRESS **460 FOX HAVEN WAY** 2.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE DAVIS, RICHARD L 3.2 NAME 315 ST. ANDREWS BLVD. 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33962 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE ZEGRATES, JAMES 4. 2 NAME NAME 9 ROCKYLEDGE ROAD 4.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 4.4 CiTY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP 6.1 TITLE DELETE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 oath; 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 ress with all other like empowered.

SIGNATURE:

CR2E034 (11/98)