

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017571 (7)

1. Corporation Name

PLACE CLEANING SERVICE, INC.



Principal Place of Business

Mailing Address

8417 N. 46TH STREET
TAMPA FL 33617

8417 N. 46TH STREET
TAMPA FL 33617

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **DAN PLACE**
22 **14550 BRUCE B. DOWNS APT 58**
23 City & State **TAMPA FLORIDA 33613**

26 Suite, Apt. #, etc. **P/O BOX 291485**
27 **TEMPLE TERRACE, FL 33687**
28 Zip **33687**

24 Zip **33617** Country

29 Zip **33687** Country

3. Date Incorporated or Qualified
03/02/1995

3a. Date of Last Report

4. FEI Number
59-3297121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLACE, DAN
8417 N. 46TH STREET
TAMPA FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
DAN PLACE
14550 BRUCE B. DOWNS APT 58
TAMPA FLORIDA 33613

84 City

FL 85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PLACE, DAN**
CITY - ST - ZIP **8417 N. 46TH STREET**
TAMPA FL 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

DAN PLACE
14550 BRUCE B. DOWNS APT 58
TAMPA FLORIDA 33613

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

DAN PLACE President 6-14-96 (813) 888-3767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone