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

Mailing Address PO BOX 291485

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

CHTY - ST-702

14550 BRUCE B DOWNS APT 58



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000017571 (7)

PLACE CLEANING SERVICE, INC.

**TAMPA FL 33613** TEMPLE TERRACE FL 33687-1485 3. Date incorporated or Qualified 3a. Date of Last Report 03/02/1995 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3297121 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name PLACE, DAN 14550 BRUCE B DOWNS APT 58 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 84 City Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signatine 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 (96/6) OFFICERS AND DIRECTORS 12 13. Charige Addition DELETE 1.1 TOTALE TITLE PLACE, DAN 1.2 NAME 14550 BRUCE B DOWNS APT 58 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL COTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CHY-ST-ZIE 2 4 City - St - ZiP DELETÉ ☐ Charge Addition Hiti 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CHY-ST-Zif DELETE Change Addition HILE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ALORESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C(TY+S) - ZIP DELETE Change \_\_\_ Addition 6.1 TITLE TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Let 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 eath; 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 address.