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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017571 (7)

PLACE CLEANING SERVICE, INC.

Principal Place of Business Mailing Address 14550 BRUCE B DOWNS APT 58 PO BOX 291485 **TAMPA FL 33613 TEMPLE TERRACE FL 33687** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>59-3297121</u> Not Applicable Suite, ArDan Place Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 5918 Marta Drive 27 Tampa, FI 33617 City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution 23 Added to Fees 28 Zıp Country Zıp Country 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLACE, DAN 14550 BRUCE B DOWNS APT 58 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 Dan Place 5916 Marta Drive 84 City Zip Code Tampa, FI 33617 11. Pursuant to the provisions 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Dan Place PLACE, DAN 1.2 NAME NAME 5916 Marta Drive 14550 BRUCE B DOWNS APT 58 STREET ADDRESS 1.3 STREET ADDRESS Tampa, FI 33617 TAMPA FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITI F NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TOTA F 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITL€ TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. Thereby 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 attainment with an address.

3-30-DR

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**FILED** 

Apr 03 1998 8:00am

Secretary of State