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 # P95000019591 1. Corporation Name

JEANIE'S COMPLETE CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address 1750 ALDER DRIVE ORANGE PARK FL 32073		
1750 ALDER DRIVE ORANGE PARK FL 32073			
	*		
2. Principal Place of Business	2a. Mailing Address		
-	26		
21	Suite, Apt. #, etc.		
21 Suite, Apt. #, etc.			

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90072 003 ***150.00



Principal Place	of Business	Mailing Address					
Principal Place of Business 1750 ALDER DRIVE ORANGE PARK FL 32073 Address Mailing Address 1750 ALDER DRIVE ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE			
•,					3. Date Incorporated or Qualifed		
					03/08/1995		
	. Continue	2a. Mailing Address			4. FEI Number	⊢	pplied For
2. Principal Pla	ace of Business	26			59-3248099		lot Applicable
21 Suite, Apt. #	t atc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
-	, , 6 10.	27			3. 36. and the second		Required
City & State		City & State			6. Election Campaign Financing		May Be I to Fees
23		28			Trust Fund Contribution		11-
Zip	Country	Zíp	Coun	try	This corporation owes the current year Personal Property Tax.	Yes	ŪNo I
24	25		0		10. Name and Address of New Register	ed Agent	
	9. Name and Address of Curren	Registered Agent	+	Name	10. 11.		,
, MCC	OMES INMES FARE		Ĺ		(2.0. 2. Number in Not Accordable)		
MCCOMBS, JAMES EARL 1750 ALDER DRIVE			-	82 Street Add	ress (P.O. Box Number is Not Acceptable)	. <u> </u>	
	NGE PARK FL 32073		-	83		-	
	TOE 17 WILL DOOR			_		85 Zi	Code
}				84 City	poration submits this statement for the purpos on's board of directors. I hereby accept the a	F L "	}
agent. ra SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:		 TORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO CIT ICEN	Chang	e Addition
TITLE .	D	☐ DELETE	1,1 TIT				
NAME	MCCOMBS, EMMA JEAN		1.2 NA	1	·		j l
STREET ADDRESS	1750 ALDER DRIVE			REET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073	☐ DELETE	2.1 TI	Y-ST-ZIP		Chang	Addition
TITLE		- Desert	2.2 NA		-	,	
NAME				REET ADDRESS	:		
STREET ADDRESS				TY-ST-ZIP		<u> </u>	
CITY-ST-ZIP		☐ DELETE	3.1 TI			☐ Chan	ge Addition
TITLE			3.2 N	ME			
NAME			3.3 ST	REET ADDRESS	• •		
STREET ADDRESS			3.4. C	ITY-ST-ZIP		Chan	gé 🔲 Addition
CITY-ST-ZIP TITLE		☐ D€LETE	4.1 TI	rle	•	01,611	go (
NAME			4.2 N				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		☐ Char	ge Addition
TITLE		☐ DELETE	5.1 T 5.2 N			_	
NAME				TREET ADDRESS			•
STREET ADDRES	sl	•		ITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 T			☐ Char	nge 🔲 Addition
TITLE				AME			4
NAME .				TREET ADDRESS		; , 1	•
STREET ADDRES	s l			ITY-ST-ZIP		•	en i

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 address, with all other like empowered.

SIGNATURE: