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

PROFIT CORPORATION ANNUAL REPORT

1999

FOSTER, WILLIAM J



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

30

81 Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90071 024 ***150.00

DOCUMENT # P95000028009

1. Corporation Name FOSTER'S PRO	OFESSIONAL CLEA	aning s	ERVICE, INC.				
Principal Place of Busi	ness	м	ailing Address	_			
511 PELHAM STREET		511 PELHAM STREET					
FT. WALTON BEACH FL 32547		FT. WALTON BEACH FL 32547					
2. Principal Place of E	Business	2a	Mailing Address	_			
21		26					
Suite, Apt. #, etc.	<u> </u>	1	Suite, Apt. #, etc.				
22		27					
City & State			City & State				
23		28		<i>y</i> .	•		
Zip	Country		Zip	Country			

29

9. Name and Address of Current Registered Agent

Applied For

Fee Required \$5:00 May Be

Added to Fees

Yes

□No

Not Applicable \$8.75 Additional

DO	NOT	WRITE	IN	THIS	SPACE

3. Date incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/05/1995 4. FEI Number

59-3313572

511 PELNAM SINEEI								
FT. WALTON BEACH FL 32547								
					1001			
	,	84	City	' FL	85	Zip Co	ode	
44 Dunaumat	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	ne above	-nam	ned comporation submits this statement for the purpose of	changi	na its r	egistered	
office or re	oistered agent, or both, in the State of Florida. Such change was author	ized by i	tne co	orporation's board of directors. I hereby accept the appoint	ntment	as regi	stered	
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,		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIR	ECTOR	S IN 12	
TITLE		1.1 TITLE			□Ch	ange	☐ Addition	
NAME	FOSTER, WILLIAM J	1.2 NAME						
STREET ADDRESS	511 PELHAM STREET	1.3 STREET	ADDRE	ESS .				
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	1.4 CITY-ST	r-ZIP					
TITLE	D DELETE	2.† TITLE			Ch	ange	Addition)	
NAME	FOSTER, CHARLOTTE J	2.2 NAME						
STREET ADDRESS	511 PELHAM STREET	2.3 STREET	ADDRE	ESS				
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	2. 4 CITY-S	T-ZIP					
TITLE	☐ DELETE	3.1 TITLE			☐ Ch	ange	Addition	
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET	ADDRE	ēSS				
CITY-ST-ZIP		3.4. CITY+\$	T- ZIP				- A 122	
TITLE	☐ DELETE	4.1 TITLE			CH CH	iange	☐ Addition	
NAME	1	4. 2 NAME					}	
STREET ADDRESS		4.3 STREET	ADDRE	ESS			İ	
CITY-ST-ZIP		4.4 CITY-ST	r-ZIP					
TITLE	—	5.1 TITLE			Cr	nange	Addition	
NAME		5.2 NAME					İ	
STREET ADDRESS		5.3 STREET		ESS				
CITY-ST-ZIP	1	5.4 CITY-S	r-zip				☐ Addition	
TITLE	. Deterie	6.1 TITLE			CH	ange	☐ Addition	
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET		ESS				
CITY-ST-ZIP		6.4 CITY-S		the Continue 440 07/07/0 Florido Cababa a 16 dhanna	<u></u>	t tha !=:	formation	
14 I hereby o	ertify that the information supplied with this filing does not qualify for the	exempt	on st	ated in Section 119.07(3)(I), Florida Statutes. I further ce	ruiy ma	t uie in	omadon	

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(j). 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



april 14, 1999 850-844-3718