Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90052 018 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000033227

1. Corporation Name

AMBY &	BETH'S CLEANING, INC.				· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business HWY 247 E BRANFORD FL 32008		Mailing Address HWY 247 E BRANFORD FL 32008		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporate 04/28/1995	d or Qualifed			
2. Princinal P	Place of Business	2a. Mailing Address				4. FEI Number		"	Apr	lied For
21		26				59-3329743			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Add Fee Required					
City & 5 tat	le	City & State				6. Election Campaig	n Financing _		\$5.00	May Be
23		28				Trust Fund Contr		J ——	Added to	
Zip Country		Zip Co		ountry		8. This corporation	owes the current			_
24	25	29 30				Persor al Propert	<u> </u>			.∃No
	9. Name and Address of Curre	ent Registered Agent		na T	N	10. Name and Addr	ess of New Regi	stere d Ag	ent	
DAT	CH, AMBY		18	B1	Name					
	1 247 E		ī	32	Street Acc	lress (P.O. Box Number i	s Not Acceptable)		_	
	NFORD FL 32008			-						
Divi	14 OND 1 E 32000		['	33						
			1	84	City			FL	85 Zip C	ode
	to the provisions of Sections 607.05									
SIGNATUFE	Signature, typed or printed naine of registered as	ent and title if applicable. (NOT NE) DIRECTORS	E: Registered A	gent	t signature requ	ed when reinstating)  ADDITIONS/CHAI		DATE AND	DIRECTO	EIS IN 12
TITLE	P	DELETE	1.1 TITU	 F	Т.	710077171	1020 10 0,710.		Change	Addition
NAME .	HATCH, AMBY		1.2 NAM							_
STREET ADDRE 3S	18484 047 E		1		ADDRESS					
CITY-ST-ZIP	BRANFORD FL 32008			1.4 CITY-ST-ZIP						
TITLE	V	☐ DELETE	2.1 TITL						Change	☐ Addition
NAME	BLALOCK, BETH		2.2 NAM	ΙE						
STREET ADDRESS	OLBACAAINEE AND	•		EET.	ADDRESS					
CITY-ST-ZIP	BRANFORD FL 32008		2 4 CIT	Y-51	T-ZIP					
TITLE		☐ DELETE	3.1 TITL	Ε				[	Change	☐ Addition
NAME			3.2 NAM	IE.						
STREET ADDRE 3S			3.3 STR	EET	ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP					
TITLE		☐ DELETE	4 1 TITL	E				[	Change	☐ Addition
NAME			4. 2 NAM	ИE						
STREET ADDRESS			4.3 STR	EET.	ADDRESS					
CITY-ST-ZIP			4.4 CITY	ST	- ZIP					
TITLE		☐ DELETE	5.1 TITL		]			Ī	Change	Addition
NAME			5 2 NAW							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CITY		-ZIP				T Change	Addition
TITLE		☐ DELETE	6.1 TITL		-			L	Change	
NAME			6.2 NAM		400000					
STOCET ADDDESS	I		■ 6.3 STR	EET.	ADDRESS					

CITY-ST-ZIP 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 εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm an officer or director of the corporation or the receiver or trustee empowered to εxecute 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 a lighter than the information indicated on this annual report or supplemental εnnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm an officer or director of the corporation or the receiver of the corporation of the

6.4 CITY-ST-ZIP

SIGNATURE:

901-935-0083 Daytime Phone #