

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036768 (6)

1. Corporation Name

ADVANCED CLEANING CONCEPTS, INC.



Principal Place of Business

Mailing Address

4367 SR 426  
GENEVA FL 32732

4367 SR 426  
GENEVA FL 32732

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2327 Fieldingwood Rd

26 252 E. Semoran

Suite, Apt #, etc

Suite, Apt #, etc

22

27 414

City & State

City & State

23 Marietta FL

28 Casselberry FL

Zip

Country

Zip

Country

24 32751

25 Semoran

29 32707

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, RACHEL  
2003 LACEY OAK DR.  
APOPKA FL 32703

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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

Signature typed or printed in full of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice President ☒ DELETE  
NAME Steven Castwell  
STREET ADDRESS 2003 Lacey Oak Dr  
CITY-ST-ZIP Apopka FL 32703

TITLE Sec. Treas ☐ DELETE  
NAME Julia Castwell  
STREET ADDRESS 2003 Lacey Oak Dr  
CITY-ST-ZIP Apopka FL 32703

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE President ☒ Change ☐ Addition  
12 NAME Jonel L Hirsch  
13 STREET ADDRESS 2327 Fieldingwood Rd  
14 CITY-ST-ZIP Marietta FL 32751

21 TITLE Vice President ☐ Change ☒ Addition  
22 NAME Amos B Hirsch  
23 STREET ADDRESS 2327 Fieldingwood Rd  
24 CITY-ST-ZIP Marietta FL 32751

31 TITLE Sec. Treasurer ☐ Change ☒ Addition  
32 NAME Emily J Hirsch  
33 STREET ADDRESS 2327 Fieldingwood Rd  
34 CITY-ST-ZIP Marietta FL 32751

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96

407-831-4946

Date

Display Phone #

CR2E034 (3/96)