## 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 # P95000042847

1. Corporation Name

C & T CLEANING, INC.

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90012 016 \*\*\*150.00

| Principal Place                                     | e of Business                                     | Ma  | ailing Address                                   |                              |                    |                                |  |             |                  |                |  |
|---|---|---|--|------------------------------|--------------------|--------------------------------|--|-------------|------------------|----------------|--|
| 2828 SANTA BARBARA BLVD. 230 S.E. 28TH TERRACE      |   |   |  |                              |                    |                                |  |             |                  |                |  |
| CAPE CORAL FL 33914 CAPE CORAL FL 33914             |   |   |  |                              |                    |                                | DO NOT WRITE IN THIS   | SDACE       |                  |                |  |
|   |   |   |  |                              |                    |                                |  | SPACE       |                  |                |  |
|   |   |   |  |                              |                    |                                | 3. Date Incorporated or Qualifed 05/26/1995  | · · · · · · |                  |                |  |
| Principal Place of Business     2a. Mailing Address |   |   |  |                              |                    |                                | 4. FEI Number  | Ш           |                  | ied For        |  |
| 21 26   |   |   |  |                              |                    |                                | 65-0581835   | $\perp$     | _                | Applicable     |  |
| Suite, Apt. #, etc.                                 |   |   | Suite, Apt. #, etc.                              |                              |                    |                                | 5. Certifcate of Status Desired   \$8.75 Additional Fee Required   |             |                  |                |  |
| City & State  |   | City & State  | City & State                                     |                              |                    | 6. Election Campaign Financing | \$5.   | 00 M        | lav Be           |                |  |
| 23  |   |   | 28   |                              |                    |                                | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees                        |             |                  |                |  |
| Zip Country   |   |   | Zip Country                                      |                              |                    |                                | 8. This corporation owes the current year Intangible   |             |                  |                |  |
| 24 25 29  |   |   | •  | 30                           |                    |                                | Personal Property Tax.  Yes No   |             |                  |                |  |
| 1.  | 9. Name and Address of Curre                      |   | tered Agent                                      |                              |                    |                                | 10. Name and Address of New Registered   | \gent       |                  |                |  |
| ·   | _   | _   |  | 8                            | 31                 | Name                           |  |             |                  |                |  |
|   | Ton, Catherine                                    |   |  | _                            | 32                 | Ctroot Adds                    | ress (P.O. Box Number is Not Acceptable)   |             |                  |                |  |
| 2828 SANTA BARBARA BLVD.                            |   |   |  | ,                            | "                  | Silect Addi                    | ess (F.O. DOX Number is Not Acceptable)  |             |                  |                |  |
| CAP   | E CORAL FL 33914                                  |   |  | Ε                            | 33                 |                                |  |             |                  |                |  |
|   |   |   |  | 8                            | 34                 | City                           | FL   | 85          | Zip Co           | ode            |  |
|   |   |   |  |                              |                    | - 1                            |  | hongin      | a ito so         | ngigtorod      |  |
| 11. Pursuant  | to the provisions of Sections 607.05              | 602 and 6<br>e of Floric  | 07.1508, Florida Statut<br>da. Such chande was a | es, the about<br>athorized b | ove<br>ov 1        | -named corporation             | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appoin | tment a     | s regi:          | stered         |  |
| agent. I a  | m familiar with, and accept the oblig             | ations of   | , Section 607.0505, Flo                          | rida Statut                  | es.                |                                | , , ,.   |             | _                | Ì              |  |
| SIGNATURE   |   |   |  |                              |                    |                                |  |             |                  |                |  |
|   | Signature, typed or printed name of registered ag |   |  |                              | gent               | signature require              | d when reinstating) DATE   | D DIDE      | CTOD             | C IN 12        |  |
| 12.   | OFFICERS A  | ND DIRE   |  | 13.                          | _                  |                                | ADDITIONS/CHANGES TO OFFICERS AN   | Cha         |                  | Addition       |  |
| TITLE   | PD  |   | ☐ DELETE   | 1,1 TITU                     |                    |                                |  |             | igo              | C. J. Audition |  |
| NAME  |   |   | 1.2 N∕   |                              |                    |                                |  |             |                  | ļ              |  |
| STREET ADDRESS                                      |   |   | 1  |                              |                    | ADDRESS                        |  |             |                  |                |  |
| CITY-ST-ZIP   | CAPE CORAL FL 33914                               |   |  |                              | 1.4 CITY-ST-ZIP    |                                |  | FIOL        |                  | - Addition     |  |
| TITLE   | D   |   | ☐ DELETE   | 2.1 TITLE                    |                    |                                |  | Char        | nge              | Addition       |  |
| NAME  | PATTON, ANTHONY J                                 |   |  | 22 NAME                      |                    |                                |  |             |                  |                |  |
| STREET ADDRESS                                      |   |   | 2.3 5  |                              | 3 STREET ADDRESS   |                                | •  |             |                  | Ì              |  |
| CITY-ST-ZIP   | CAPE CORAL FL 33914                               |   |  |                              | 2. 4 CiTY-ST-ZiP   |                                |  |             |                  |                |  |
| TITLE   | ☐ DELETE 3.11                                     |   | 3.1 TITL   | E                            |                    |                                | ☐ Cha  | nge         | ☐ Addition       |                |  |
| NAME  |   |   |  | 3.2 NAW                      | Ε                  |                                |  |             |                  | }              |  |
| STREET ADDRESS                                      |   |   |  | 33 STR                       | EET                | ADDRESS                        |  |             |                  | }              |  |
| CITY-ST-ZIP   |   |   | 3.4 CIT  | 3.4 CITY-ST-ZIP              |                    |                                |  |             |                  |                |  |
| TITLE   |   | Li Caracian de la Car |  | 4.1 TITL                     |                    |                                |  | Cha Cha     | nge              | ☐ Addition     |  |
| NAME  |   |   |  | 4. 2 NAME                    |                    |                                |  |             |                  |                |  |
| STREET ADDRESS                                      |   | 4.3   |  | 4.3 STR                      | 4.3 STREET ADDRESS |                                |  |             |                  | .              |  |
| CITY-ST-ZIP   |   |   |  | 4.4 CITY                     | 4.4 CITY-ST-ZIP    |                                |  |             |                  |                |  |
| TITLE   |   |   | ☐ DELETE   | <b>B</b>                     |                    |                                |  | ☐ Cha       | nge <sub>.</sub> | ☐ Addition     |  |
| NAME  |   |   |  | 5.2 NAM                      | ΙE                 |                                |  |             |                  |                |  |
| STREET ADDRESS                                      |   |   |  | 5.3 STR                      | EET                | ADDRESS                        |  |             |                  |                |  |
| CITY-ST-ZIP   |   |   |  | 5.4 CITY                     |                    | -ZIP                           |  |             |                  |                |  |
| TITLE   |   |   | ☐ DELETE   | 6.1 TiTL                     |                    |                                |  |             | nge              | Addition       |  |
| 1   |   |   |  |                              |                    | 1                              |  | ☐ Cha       | •                |                |  |
| NAME  |   |   |  | 6.2 NAM                      |                    |                                |  | ∐ Cna       | J                |                |  |
| NAME<br>STREET ADDRESS                              |   |   |  | 6.2 NAM                      | ΚE                 | ADDRESS                        |  | ∐Cna        | ·                |                |  |

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 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: