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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044157 (2)

PIC PRESSURE CLEANING, INC.

Principa	Place of	Business
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Mailing Address

6076 BLUE BREAM TERRACE HERNANDO FL 34442 POST OFFICE BOX 702 HERNANDO FL 34442-0702

FILED Mar 13 1997 8:00am Secretary of State



			_						_	3. Date Incorporated or Qualified 05/30/1995		ite of Last R 01/1996	eport
2. Principal Pi	ace of Busi	ness	2a	. Mailing Addre	988	· <u></u>				4. FEI Number		Ar	plied For
		ELL BRYANT	HMM			•]	59-3333557		No	ot Applicable
Suite, Apt. :			27	Suite, Apt. #,	etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State HERN	ANDO,	FL	28	City & State					: {	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 3444	2	Country 25	29	Zip		Cou	intry		}	This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	g, Name	and Address of Curre	nt Regi	stered Agent						10. Name and Address of New Re	gistered /	Agent	
6076	ARD, KATH 8 BLUE BF INANDO F	REAM TERRACE					81 82 83			is (P.O. Box Number is Not Accepted E	ble)		
							84	City	IERN	NANDO	FL	85 Zip (Code 42
office or re agent. I ar	egistered ag	ent, or both, in the State ith, and accept the oblice	e of Flor lations o	ida. Such chan of, Section 607.	ge was a	uthorize	d by	the corp	corpor oration	ation submits this statement for the part of the part of directors. I hereby acceptions	ot the app	ointment as	registered
SIGNATURE	Signature, types	or printed name of registered ag	Cou-cont and titi	e if applicable	(NOTE	: Registere	d Age	nt signature	required	when reinstaling)	DATE	-//-97	
12.		OFFICERS AN	ID DIRE			13,				ADDITIONS/CHANGES TO OFFIC			
TITLE	D			☐ DE	LETE	1.11	1LF					Change	Addition
NAME		KATHLEEN				1.2 N/	ME	*					
STREET ADDRESS		UE BREAM TERRACE				1.3 \$3	REET	ADDRESS	351	11 E DELIGHT ST			
CITY-ST-ZIP	HERNAN	IDO FL 34442		·		1.4 01	1Y-S1	1 - ZIP	HEE	RNANDO,FL 34442			·
TITLE				☐ DE	LETE	2.1 10	TLE			·		Change	Addition
NAME						2.2 N	ME						
STREET ADDRESS						2.3 \$1	RFE1	ADDRESS					
CITY-ST-ZIP						2.40		T- 21P					
TITLE				[☐ DE	LEVE	3.1 11						Change	Addition
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STREET ADDRESS						3		ADDRESS					
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				LJ UI	LL II	5.1 TO						☐ Change	Addition
NAME						52 N							
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CITY-ST-ZIP				DE	LETE	~	1Y-S1	1-ZIP				Change	Addition
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NAME						6.2 N/							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP	N. 00+14. 15.	the information and	- 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de filipe des		6.4 CI			1010	Castley 410 07/04/0 Classics Co. 1	n 14:-0-:	and the state of	4b.a
l am an ol	fficer or dire	on this annual report or on this annual report or ctor of the corporation or Block 13 if changed, or	r the red	ceiver or trustee	empow	ered to c	exe execu	inption s trate and ute this i	that meport a	n Section 119.07(3)(i), Fiorida Statute ny signature shall have the same loga as required by Chapter 607, Florida S	s. i turtner al effect as Statutes; a	certify that if made una nd that my r	the der oath; tha name

KATHLEEN PICARD - PRESIDENT

3-11-97