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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055073 (7)

PLANTATION CARPET CLEANERS, INC.

Odenland Ct	-10			5.4 (1)						11. MB[1] 13.	888 IIII 1 <b>48</b> 1
Principal Place of Business				Mailing Address					estat sitat sit		2 2 4 1 1 1 1 <b>1   1   1</b>
821 N COUNTY HWY 393 SANTA ROSA BEACH FL 32459				821 N COUNTY HWY 393 SANTA ROSA BEACH FL 32459-5370							
								3. Date Incorporated or Qualified 07/12/1995	3a. Date	of Last 6	
2. Principal Pl	lace of Busine	oss	2	a. Mailing Address				4. FE! Number			pplied For
21			26	3]				59-3321614			lot Applicable
Suite, Apt. #, etc.				Suite. Apt. #, etc.						\$8.75	Additional
22				27				5. Certificate of Status Desired			Required
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23			26	26				Trust Fund Contribution			to Fees
Zip Country				Zip Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	2	15	29	<u> </u>	30			Florida Statutes	Yes 💢	No	
	9, Name s	and Address of Current	Reg	istered Agent				10. Name and Address of New Reg	istered Ag	ent	
DOL	JDNA, KARI	N S			•	81	Name	9			
821 N COUNTY HWY 393 SANTA ROSA BEACH FL 32459							Strool	Address (P.O. Box Number is Not Acceptable	<u> </u>		
							) 0001	cet Address (r.c. box Nomber is Not Acceptable)			
						83	1				
						<u> </u>	-			<del></del>	
						84	City		FI.	<b>85</b> Zip	Code
11. Pursuant to office or reagent. I as	to the provision egistered age on familiar with	ons of Sections 607.0502 int, or both, in the State in, and accept the obliga	2 and of Flo Ilions	607.1508, Florida Statut orida. Such change was a of, Section 607.0505, Flo	es, the authori≱ orida St	abov ed b atute	e-named y the col s.	d corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of ch the appoin	nanging Iment a	its registered s registered
SIGNATURE	Classifies hand a	r printed name of registered ager	# acd !	(DA) Applicable	E. Dioles	and An	nul nier n.	re required when reinstating)	DATE		
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NAME					6.2	NAME					
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14. I do 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 proporation 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 change of the proporation of 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 change of the proporation of 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 change of the proporation of 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 change of the proporation of 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 change of the proporation of the proporat