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 # P95000057412

JOE'S COMMERCIAL CLEANING, INC.

Principal	Place	of E	Business

4943 CRESTKNOLL LANE **NEW PORT RICHEY FL 34653**

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

4943 CRESTKNOLL LANE **NEW PORT RICHEY FL 34653**

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

02-09-1999 90016 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/25/1995

59-3325789

4. FEI Number

Suite, Apt.	⊢					5. Certifcate of Status Desired		\$8.75 / Fee Re		
City & Stat	e City & State						<u> </u>			
23		28	¬ ´			Election Campaign Financing Trust Fund Contribution		\$5.00 Added (
Zip	Country	Zip	Zip Country			8. This corporation owes the cur	rent year in	angible	\ <u>/</u>	
24	25	29	30			Personal Property Tax.		Yes	XNo	
	9. Name and Address of Current F					10. Name and Address of New	Registered	Agent	•	
IODE	POLO TONY		81	1	Name					
IOPPOLO, TONY 4943 CRESTKNOLL LANE NEW PORT RICHEY FL 34653			82	2	Street Address (P.O. Box Number is Not Acceptable)					
						Committee and the committee of the commi				
			83							
			84	+	City	11.4 11.3 (P.S. 3-2) \$\frac{1}{2}\$	<u> 1943年第3.</u>	85 Zip (1316 1131 1841	
After An Maria and	ray i				•		FL	. _		
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statul	es, the abov	/e-r	named corpor	ation submits this statement for the	purpose of	changing its	registered	
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	rionda. Such change was a ns of, Section 607.0505, Flo	iutnorized by orida Statutes	y in S.	ie corporation	s board of directors. I hereby acce	pt the appoi	ntment as re	gistered	
SIGNATURE									•	
CICITATIONE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Age	nt s	ignature required w	hen reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P	☐ DELETE	1.1 TITLE			49 JUN 179		Change	☐ Addition	
NAME	1.00									
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CITY-S	ST-2	ZIP					
TITLE		☐ DELETE	2.1 TITLE					☐ Change	Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	TA	DORESS					
CITY-ST-ZIP			2. 4 CITY-5	ST-	ZIP				*	
TITLE -	200	· DELETE	3.1 TITLE					Change	☐ Addition	
NAME	1 7 7 4 1 N. S.		3.2 NAME							
STREET ADDRESS	18.28		3.3 STREE	T AI	DORESS	1. 1.31 443年 資訊の電子	* 1.4HC 经基	新 建 1 数	39 DESE	
CITY-ST-ZIP			3.4. CITY- \$	ST-Z	ZIP			制: 12:14])	(30) 3 (9)	
TITLE		DELETE	4.1 TITLE			13360000	· 130 360	े [Change:	Addition	
NAME	N.e.		4, 2 NAME		ļ					
STREET ADDRESS	K. T. Communication of the Com		4.3 STREE	TAL	OORESS					
CITY-ST-ZIP		<u>_</u>	4.4 CITY+S	T-Z	OP .	, ₂₇ , 27, 200			11.	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME			5.2 NAME						.	
STREET ADDRESS	7.0		5.3 STREE			Special Control of the Control of th				
CITY-ST-ZIP			5.4 CITY-S	T-Z	IP	Control of the				
TITLE	in the contract of the contrac	☐ DELETE	6.1 TITLE			1		Change	☐ Addition	
NAME			6.2 NAME						.	
STREET ADDRESS			6.3 STREET	TAC	DRESS					
CITY-ST-ZIP			6.4 CITY-S						}	
14. I hereby or	ertify that the information supplied with ti	nis filing does not qualify for	the exempti	ion	stated in Sec	tion 119 07(3)(i) Florida Statutes	I further cert	ify that the in	formation	

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 attachmen with an address, with all other like empowered.

Applied For

Not Applicable