## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000060817 (0)

DOCUMENT #
1. Corporation Name TOTALLY CLEAN, INC.



Dringing Class of Dunings	Mailing Address		
Principal Place of Business		ACET MORTH	
6565 BEACH BOULEVARD #105 JACKSONVILLE FL 32216	1324 BEE STF Orange Pari		
SHOUSOURIETE LE 25510	ORDITOL FAIR	., . = 45444	Date Incorporated or Qualified
			08/08/1995
2. Principal Place of Business	2a. Mailing Addres	S	4. FEI Number Applied For
1	26		59-333 405 4 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, €	tc.	5 Cordificate of Status Desired S8.75 Additional
2	27		Fee Hequired
City & State	Oity & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
3	28	Country	This corporation has liability for intangible tax under s 199.032,
Zip Country 25	Zip <b>29</b>	30	Florida Statutes X Yes No
9 Name and Address of	Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name	M. M
DUBBERLY, DENNIS H		82 Street	Address (P.O. Box Number is Not Acceptable)
1324 BEE STREET NORTH			
ORANGE PARK FL 32065		83	
		84 City	85 Zip Code
			orporation submits this statement for the purpose of changing its registered office
12. OFFIC	TIGASURCE DELE	13. (E 1 1 MLF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFIC	CERS AND DIRECTORS	13.	
NAME Dennis H. De	ubberly	1.2 NAME	
STREET ADERESS 1724 Bee St	North	13 STREET ADDRESS	
CITY-S'-ZIP OCA~SE PACK	Fl 32065	1.4 CITY - ST - Z:P	
THE Vice President N	Fl 32065  4 Secretars DELE 6661X	TÉ 2 1 TITLE	☐ Change ☐ Addition
NAME BONITA M. DU.	6herly	2.2 NAMF	
STREET ADDRESS 1224 Bec St N	10/1-	2.3 STREET ADDRESS	
CITY-SI-ZIP OF ANYE PACK !	F/ 32065	2 4 CITY ST - ZIP TE 3 1 TITLE	Change Addition
TILLE		3 1 TITLE 3 2 NAME	
NAME CTOCCT ADJONESS		3.3 STREET ADDRESS	
STREET ADDRESS  CITY-ST-ZIP		3 4 CITY - S1 - 2IP	
TITLE	☐ DELE		Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 Cit Y - ST - ZIP	
TITLE	☐ DELE		Charge Charge
NAME		5 2 NAME	112
STREET ADDRESS		5 3 STREET ADDRESS	)r
City-ST-ZiP	T pro-	5.4 C1TY - ST - ZiP	Addition Addition
TITLE	□ DEFI	TE 6 1 TITLE 6 2 NAME	30 (37) (37)
NAME .		6 3 STREET ADOPESS	Det 3/0,
STREET ACDRESS		6.4 CITY-ST-ZIF	
CITY-ST-ZIP		0 4 CHT - ST-ZIF	1 And I Continue 140 OZIOVIA Florida Ctatutas I further

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 coart; that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trusted 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

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