**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000072162 (7)**

1. Corporation Name
**THE C.O. CLEANING COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 27228 GASPARILLA DR.<br>BONITA SPRINGS FL 33923 | 27228 GASPARILLA DR.<br>BONITA SPRINGS FL 33923 |

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1075 SANDPIPER ST. | 26 P.O BOX 990362 |
| 22 State, Apt. #, etc.: NAPLES FLORIDA | 27 State, Apt. #, etc.: NAPLES FLORIDA |
| 23 City & State: | 28 City & State: |
| 24 Zip: 33962 25 Country: COLLIER | 29 Zip: 33999 30 Country: COLLIER |

4. FEI Number: 65-0612645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, LAURA L
27228 GASPARILLA DR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: JONES, LAURA L.
82 Street Address (P.O. Box Number is Not Acceptable): 1075 SANDPIPER ST.
83
84 City: NAPLES FL 85 Zip Code: 33962

11. Pursuant to the provisions of Sections 607.0501 and 617.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Laura Jones DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, LAURA L<br>27228 GASPARILLA DR.<br>BONITA SPRINGS FL 33923 ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | P<br>JONES, LAURA L,<br>1075 SANDPIPER ST,<br>NAPLES FL. 33962 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HACKWORTH, LAURIE A<br>248 BENSON ST.<br>NAPLES FL 33962 ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | V<br>HACKWORTH, LAURIE A<br>248 BENSON ST.<br>NAPLES FL. 33962 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (12/95)

14. I, Laura Jones, certify that the information supplied with this report is correct. I am a director, officer or agent 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 with an arrow or on an attached sheet with an address.

SIGNATURE: Laura Jones 4-10-96 941-353-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #