

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90014 043 \*\*\*150.00

**DOCUMENT # P95000075839**

1. Corporation Name

**ALL PRO WINDOW CLEANING, INC.**



Principal Place of Business

6653 POWERS AVENUE, #14  
JACKSONVILLE FL 32217

Mailing Address

% TOM WILLIAMS  
280 CORPORATE WAY  
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/28/1995**

2. Principal Place of Business

21 **6653 Powers Ave, #14**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **6653 Powers Ave, #14**  
Suite, Apt. #, etc.

4. FEI Number

**59-3342586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 Zip **32217** 25 Country

29 Zip **32217** 30 Country

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WILLIAMS, TOM CPA  
280 CORPORATE WAY  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/13/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WISNESKI, CHARLES A**  
STREET ADDRESS **6653 POWERS AVENUE, #14**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**7/13/99 (904) 448-5998**

CR2E034 (5/99)

P95000075839  
593887-90014-43

ALL PRO WINDOW CLEANING, INC.  
6653 POWERS AVE, #14  
JACKSONVILLE, FL 32217

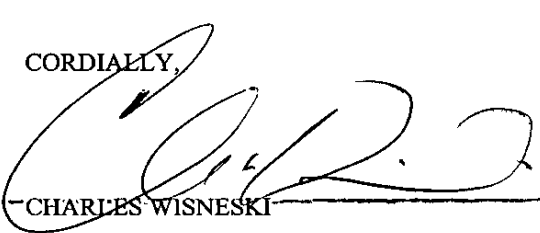
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: ALL PRO WINDOW CLEANING, INC.  
P95000075839

DEAR SIRs,

WE RECEIVED YOUR CORPORATE ANNUAL REPORT-1999- SECOND NOTICE.  
UNFORTUNATELY, WE NEVER RECEIVED THE 1<sup>ST</sup> NOTICE. THEREFORE, WE HEREBY  
REQUEST THAT THE EXTRA FEES ASSOCIATED WITH THE SECOND NOTICE BE WAIVED,  
AND THAT YOU ACCEPT OUR PAYMENT AS TENDERED HERE. THANK YOU FOR YOUR  
CONSIDERATION IN THIS MATTER.

CORDIALLY,



CHARLES WISNESKI