07-29-1999 90002 007 \*\*\*550.00

7-26-99

904-992-1500

## AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** CORPORATION

**SIGNATURE:** 

ANNUAL REPORT 1999



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT  1. Corporation Name	# F	95000	080505	)
Corporation Name	" t	~95000	J	ないさいさ

THOMPSON CLEANING SERVICES, INC.

Principal Place of Business  Malling Address  14444 BEACH BLVD. SUITE 18 JACKSONVILLE FL 32290  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/19/1995  2. Principal Place of Business  2a. Mailing Address  2a. Mailing Address  4. FEI Number  59-3343406  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  28  City & State  City & State  City & State  City & State  29  Zip  Country  20  30  Country  30  8. This corporation owes the current year Intangible Personal Property.  Yes Added to Fees Added to Fees Added to Fees Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of sections 807,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 the if applicance. (NOTE: Registered Agent agentium required when reministing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D Change Additional forms of the corporation submits this statement for the purpose of changing its registered agent and the if applicance. (NOTE: Registered Agent agentium required when reministing)  DATE  13. TITLE  14. TITLE  14. TITLE  14. TITLE  14. TITLE  14. TITLE  15. TITLE  16. TITLE  16. TITLE  17. TITLE  18. TITLE  19. ACKSONVILLE FL 3225			
SUITE 18 JACKSONVILLE FL 32250  SUITE 19 JACKSONVILLE FL 32250  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Date incorporated or Qualified 10/19/1995  3. Date incorporated or Qualified 10/19/1995  3. Fel Number 5. Second Status Desired 5. Second Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current vear 1. Name 8. This corporation owns the current			
JACKSONVILLE FL 32250  Z. Principal Place of Business  Za. Mailing Address  Za. Mailing Address  Za. Mailing Address  Za. Mailing Address  Suite, Apt. #, etc.  Zo. Suite, Apt. #, etc.  Zo. Suite, Apt. #, etc.  Zo. City & State  City & State  City & State  Zip  Country  S. This corporation owes the current year intangible Personal Property.  No  9. Name and Address of Current Registered Agent  AHERN, FRED L JR.  2215 SOUTH THIRD STREET  SUITE 101  JACKSONVILLE FL 32250  Ba  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Signature, bread or printed name of registered Agent agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  Signature, typed or printed name of registered Agent agent, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  Signature, typed or printed name of registered Agent and tits if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  11. Pursuant to the provisions of sections and tits if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 112  THE DATE  THOMPSON, BOBBY L  STREET ADDRESS  13. STREET ADDRESS			
3. Date Incorporated or Qualified 10/19/1995 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 10/19/1995 4. FEI Number 59-3343406 Not Applicable Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired			
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3343406 50-344060 50-3343406 50-344060	$\neg$		
2. Principal Place of Business 2. Mailing Address 3. FEI Number 5. 93343406  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  8. This corporation owes the current year Intangible Personal Property.  Yes Added to Fees  No  No  AHERN, FRED L JR.  2215 SOUTH THIRD STREET  SUITE 101  JACKSONVILLE FL 32250  82 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 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  12. OFFICERS AND DIRECTORS  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DAME  THOMPSON, BOBBY L  STREET ADDRESS  14444 BEACH BLVD., SUITE 18	ì		
Suite, Apt. #, etc.   Status Desired   S8.75 Additional Fee Required   S8.75 Additional Fee Requir	$\dashv$		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required	,		
Status Desired   Fee Required   Fee Standard   Fee Required   Fee Standard   Fee Required   Fee Standard   Fe	-		
City & State  Country  Zip  Country  8. This corporation owes the current year Intangible Personal Property. Yes No  No  Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  AHERN, FRED L JR.  2215 SOUTH THIRD STREET  SUITE 101  JACKSONVILLE FL 32250  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 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  THOMPSON, BOBBY L  12 NAME  THOMPSON, BOBBY L  13 STREET ADDRESS			
Zip Country Zip Country Sip	7		
Zip 25	- [		
24 25 29 30 Intangible Personal Property. Yes No  9. Name and Address of Current Registered Agent  AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE FL 32250  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D THOMPSON, BOBBY L 1.3 STREET ADDRESS 13 STREET ADDRESS	7		
AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE FL 32250  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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes 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.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D THOMPSON, BOBBY L 13 STREET ADDRESS  13 STREET ADDRESS			
AHERN, FRED L JR. 2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE FL 32250  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 SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DELETE 1.1 TITLE D Change Additio THOMPSON, BOBBY L STREET ADDRESS			
2215 SOUTH THIRD STREET SUITE 101 JACKSONVILLE FL 32250  82 Street Address (P.O. Box Number is Not Acceptable)  83  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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Additional Street Address (P.O. Box Number is Not Acceptable)  83  Street Address (P.O. Box Number is Not Acceptable)  84  City  FL  85  Zip Code  11. Title  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Additional Street Address (P.O. Box Number is Not Acceptable)	ļ		
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JACKSONVILLE FL 32250  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  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  Change  Addition  Addition  THOMPSON, BOBBY L  1.2 NAME  STREET ADDRESS  1.3 STREET ADDRESS			
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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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Addition  Addition  THOMPSON, BOBBY L  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS	7		
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Addition  NAME THOMPSON, BOBBY L  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS			
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NAME THOMPSON, BOBBY L 1.2 NAME STREET ADDRESS 14444 BEACH BLVD., SUITE 18 1.3 STREET ADDRESS	(2/99		
STREET ADDRESS 14444 BEACH BLVD., SUITE 18 1.3 STREET ADDRESS			
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	-  C		
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NAME THOMPSON, KAREN J 22 NAME			
STREET ADDRESS . 14444 BEACH BLVD., SUITE 18			
CITY-ST-ZIP JACKSONVILLE FL 32250 2.4 CITY-ST-ZIP	-		
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NAME 62 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
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	7		
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.			