## 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

P95000083363 (8) **DOCUMENT #** 

CONTECH CLEANING AND DISASTER SERVICES, INC.

Principal Place of Business Mailing Address  4852 WEST GANDY BLVD. TAMPA FL 33611 TAMPA FL 33611							
			.VD.				
				3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last	Report	
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3342090		Not Applicable	
Suite, Apt. #	W W W W W W W W W W W W W W W W W W W	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	<b>'5</b> Additional B Required	
City & State		Cily & State		6. Election Campaign Financing Trust Fund Contribution		<b>00</b> May Be led to Fees	
<sub>1</sub> Ζιρ	Country	Ζιρ	Country	8. This corporation has liability for i		s 199.032,	]
24	25	29    Basistavad Assaul	30	<del>1</del>	□No		_
	9. Name and Address of Current	registereo Agent	81 Name	10. Name and Address of New R	egistered Agent		- {
			82 Street Add in A 86 83 84 Oity	aber Kevin ess 19.0 Bdx Number is Not Acceptate 52 Dest Gandy Bl	- 85 7	Zip Code 3231 o 1 1	
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and acoon! the obligations of, Section	a. Such change was authoriz	es, the above named corpor ed by the corporation's boar	ation submits this statement for the pur d of directors. I hareby accept the app	roose of changing its	registered office	
SIGNATURE	Signature Opera or populate of registered agent a	Kevin D. Bo	axer Preside	ent.	4-25.96	-	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12	
TITLE	D DAVED VENIN	☐ DELETE	1 1 T: (LE		Change	e 🔲 Addition	15
NAME STREET ADDRESS	BAKER, KEVIN 4852 WEST GANDY BLVD.		1.2 NAME 1.3 STREET ADDRESS				CR2E034 (12/95)
CITY-ST-ZIP	TAMPA FL 33611		1.4 CiTY - ST - ZIP				<u>]</u> 22
TITLE	D ANDDEW	DELETE	2 1 TillE		☐ Change	e 🔲 Addition	10
NAME	LYNCH, ANDREW		2.2 NAME				
STREET ADDRESS	4852 WEST GANDY BLVD.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33611	Florer.	2 4 CITY - ST - ZIF				
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NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				+
CITY-ST-ZIP			6 4 CITY - ST - ZIP				1

SIGNATURE:

14. I do hereby certify that the information supplied with this fring 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 armula 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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR . PRESIDENT 4.25 (16 (813)839-0984