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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084829 (7)

HYDRO JET CARPET CLEANERS, 1NC.

Principal Place of Business Mailing Address 5510 CASSIA DRIVE 5510 CASSIA DRIVE FORT PIERCE FL 34982 FORT PIERCE FL 34982-3780 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1995 03/04/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 5510 CASSIA 5510 OBSIA OR 65-0629802 Not Applicable Suite, Apt. #, etc. Suite Apt. #. otc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State ity & Glate 1 VIEVCE 6. Election Campaign Financing \$5.00 May Be નિ Trust Fund Contribution Added to Fees Country Country ZID 8. This corporation has liability for intertgible tax under s. 199.032, **ፈ**የያን . 2.U Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUSTAUSKY, KEVIN P Name 5510 CASSIA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 83 84 City 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 tanyllar will party accept the pligations of, Section 607.0505, Florida Statutes. nd title if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PST DELETE TILLE 1.1 TITLE ☐ Change Addition RUSTAUSKY, KEVIN P NAME 12 NAME 5510 CASSIA DRIVE STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL CITY - S1 - ZIF 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIE 2.4 CITY-ST-ZIP DELETE THLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 7# 3.4 CITY-ST-ZIP DELETE THUE 4.1 TITLE Change Addition Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST. ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - S1 - ZIF 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

S1-2IP

I do 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