**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000090884

FIRST RESPONSE CARPET CLEANING & RESTORATION, IN

C.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Principal Place of Business Mailing Address							BULLI UBILU I	<b>8</b> 111 <b>68</b> 161 17	1141 14111 BIRT 1881
3625 FLORIDA AVENUE 3625 FLORIDA AVENUE					•				
PANAMA CITY FL 32405 PANAMA CITY FL 32405									
US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						11/28/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	·		Applied For
21 26						59-3354823			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Outle A of Status Basined		\$8.7	5 Additional
27			3	<b>5.</b> \		Certifcate of Status Desired		- Fee	Required
City & State	e	City & State				6. Election Campaign Financing		\$5.0	<b>0</b> мау Ве
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	7		8. This corporation owes the current	t year Inta	ngible	
24	25 29 30		0	4		Personal Property Tax.	_	Nes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered /	Agent	
				1	Name				
. ADAMS, JERRY L 3625 FLORIDA AVENUE			82	: :	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
PANAMA CITY FL 32405			83	+					
THAT WILL OF THE OF THE								, ,	
ر _				(	City		FL	85  Z	ip Code
office or re agent. I at SIGNATURE	egistered agent, or both, in the Stata m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by la Statutes	the S.	e corporation	ration submits this statement for the pu 's board of directors. I hereby accept t	he appoir	ntment as	registered
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.					Augraie ledaneo i	ADDITIONS/CHANGES TO OFFIC		D DIREC	TORS IN 12
TITLE	<del>_</del>		1	1.1 TITLE		ADDITIONOLO IN INCLE TO CITE	22,101111	Chang	
		_ beceive	1.2 NAME						
NAME	ADAMS, JERRY L.								
STREET ADDRESS	0000 1 001101 1 1 1 1 1 1 1		1.3 STREE						
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		<u> </u>		<del>.</del>	Chang	e Addition
TITLE	•		2.1 ȚITLE					☐ Clian	je 🗀 Addition
NAME			2.2 NAME						•
STREET ADDRESS			2.3 STREE	TAD	DORESS				
CITY-ST-ZIP			2. 4 CITY-	ST- 2	ZIP		-		* S
TITLE		DELETE 3.1						Chang	ge
NAME *			3.2 NAME						
STREET ADDRESS			3.3 STREE	TAE	DORESS				
CiTY-ST-ZIP				3.4, CITY-ST-ZIP					
TITLE	<i>;</i>	☐ DELETE	4.1 TITLE					☐ Chan	ge 🔲 Addition
NAME	/		4, 2 NAME						
STREET ADDRESS	[		4.3 STREE	TAE	ODRESS				
CITY-ST-ZIP		4.4		ST-Z	DP P				
TITLE		☐ DELETE	5.1 TITLE					Chan-	ge Addition
NAME 5.2 N			5.2 NAME						
OTDEET ADDRESS	\		5.3 STREE	TAE	DORESS				

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 suppliemental 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, of on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

☐ DELETE

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90059 012 \*\*\*150.00

Change

Addition