

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091246 (5)

1. Corporation Name

CLEANING SERVICES OF CENTRAL FLORIDA, INC.

FILED
May 16 1997 8:00am
Secretary of State



Principal Place of Business

812 HIGHLAND DRIVE EAST
ALTAMONTE SPRINGS FL 32701

Mailing Address

812 HIGHLAND DRIVE EAST
ALTAMONTE SPRINGS FL 32701-5712

2. Principal Place of Business

21 871 Ballard St. # J

Suite, Apt. #, etc.

22 # J

City & State

23 Altamonte Springs, FL

Zip

24 32701

Country

25 Seminole

2a. Mailing Address

26 871 Ballard St.

Suite, Apt. #, etc.

27 # J

City & State

28 Altamonte Springs

Zip

29 32701

Country

30 Seminole

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3362512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCREYNOLDS, HELEN D
812 HIGHLAND DRIVE EAST
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

871 Ballard St.

83

J

84 City

Altamonte Springs

FL

85 Zip Code

32701

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

Helen D. McReynolds

Registered Agent

April 28, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS
NAME
MCREYNOLDS, HELEN D
STREET ADDRESS
812 HIGHLAND DRIVE EAST
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32701

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DPS
McReynolds, Helen D.
871 Ballard St. # J
Altamonte, FL 32701

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen D. McReynolds

April 28, 1997 (407) 331-4776

CR2E034 (9/96)