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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000091246

CLEANING SERVICES OF CENTRAL FLORIDA, INC.

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90190 007 ***150.00



Principal Plac	e of Business	Mailing Address				
871 BALLARD	ST.	871 BALLARD ST				
#J			DO NOT WRITE IN THIS SPACE			
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 US US				3. Date Incorporated or Qualifed		
US		00		11/28/1995		1
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	At	oplied For
32	O Tresivich A		swich A	/i 59-3362512	No.	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	· · ·	, ,		Additional
22		27 altamo	rte Opr	Certificate of Status Desired	Fee Re	equired
City & Stat	ta monte Spri	City & State 3270)) F	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zin	Country		untry	8. This corporation owes the current year	r Intangible	• /
するみ	701 25 USA	29 30	USA	Personal Property Tax.	☐ Yes	No
<u> </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
			81 Name	Helen D. Mc	Ruin	olda
	REYNOLDS, HELEN D		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	(° (f)	
• • •	BALLARD ST			330] DSWICE	h YOHU	
#J			83	altamante	Sprin	هم ا
ALT	AMONTE SPRINGS FL 32701		84 City	and will of the	85 Zip	Code
					FL 3	270]
office or	to the provisions of Sections 607.0503 registered agent, or both, in the State of am familiar with, and accept the obligate	of Florida. Such change was authorize	d by the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its ppointment as re	egistered
SIGNATURE	, , , -			_		
	Signature, typed or printed name of registered agen		d Agent signature requ			ODC IN 12
12.	OFFICERS AN		TILE T	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DPS	_		DPS Holds Hold	n D	3
NAME	MCREYNOLDS, HELEN D		IAME	Make a Coloch f	<u> </u>	2 5201
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CITY-ST-ZIP	ALTAMONTE SPRINGS FL		TTLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition
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NAME			STREET ADDRESS			}
STREET ADDRESS	<u>'</u> [CITY-ST-ZIP		Yu 51	
CITY-ST-ZIP TITLE			TITLE		☐ Change	☐ Addition
NAME		3.21	NAME			i
STREET ADDRESS		3.33	STREET ADDRESS			}
CITY-ST-ZIP	ĺ	3.4.	CITY-ST-ZIP			
TITLE		DELETE 4.1	TILE	*	☐ Change	☐ Addition
NAME		4.2	NAME			
STREET ADDRESS		4.33	STREET ADDRESS		. *	
CITY-ST-ZIP		4.4	CITY-ST-ZIP			<u> </u>
TITLE			TILE		Change	Addition
NAME		5.21	AME			
STREET ADDRESS	;	5.3	STREET ADDRESS		•	[
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		C3 0244.1	TITLE		Change	☐ Addition
NAME						
			NAME			
STREET ADDRESS	3	6.3	NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: