

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000091699 (5)**

1. Corporation Name

**ALL KLEAN DUCT BUSTERS, INC.**



Principal Place of Business

Mailing Address

**1417 SE 43 AVE  
OCALA FL 34471**

**1417 SE 43 AVE  
OCALA FL 34471**

3. Date Incorporated or Qualified

3a. Date of Last Report

**11/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

**MARTIN, PAM M  
1417 SE 43 AVE  
OCALA FL 34471**

81 Name

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

83

84 City

**FL**

85 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 familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent and state of appointment

(NOTE: Registered Agent signature required when first filing)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PD**

☐ DELETE

NAME

**RICHARDSON, MICHAEL W**

STREET ADDRESS

**15355 SW 85 AVE**

CITY - ST - ZIP

**DUNNELLON FL 33432**

TITLE

**VD**

☐ DELETE

NAME

**MARTIN, BRIAN J**

STREET ADDRESS

**1417 SE 43 AVE**

CITY - ST - ZIP

**OCALA FL 34471**

TITLE

**T**

☐ DELETE

NAME

**MARTIN, JANICE J**

STREET ADDRESS

**1417 SE 43 AVE**

CITY - ST - ZIP

**OCALA FL 34471**

TITLE

☐ DELETE

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42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

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61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 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 617, 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

7/15

352 624 3391

CR2E034 (3/96)