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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000020325

1. Corporation Name

NAPLES CLEANING COMPANY, INC.

Principal Place	e of Business	Mailing Address						
3771 5TH AVEN		PO BOX 10531						
NAPLES FL 34120 NAPLES FL 34120						DO NOT WRITE IN THE	S SPACE	
US US						3. Date Incorporated or Qualifed		_
						03/04/1996		
2 Principal P	lace of Business	2a. Mailing Address				4, FEI Number		pplied For
· ·	lace of business	26   26				65-0662249		lot Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						_		Additional
22	<i>m</i> , 610.		27			5. Certifcate of Status Desired	•	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	· <del></del> -			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year Ir	ntangible	<del>-</del> , .
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent	
			8	1	Name			
BOYCE, ROBERT W				2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3771 5TH AVENUE NW			0	٦	Oreer Addre	SS (1.0. Box Hallisor to Hatry toopprove)		
NAPLES FL 34120			8:	83			_	
			_	+	mis.		85 Zip	Code
			8	4	City	Fi	_  65  ZIP	Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Flori	ida Statute	S.	t signature required	n's board of directors. I hereby accept the appointment of the property of the		egistered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	_			☐ Change	Addition
NAME	BOYCE, ROBERT W		1.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP				
TITLE	VPST			2.1 TITLE			Change	Addition
NAME	BOYCE, SHELLEY L		2.2 NAME					~
STREET ADDRESS	3771 5TH AVENUE NW		2.3 STRE	ET.	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34120		2. 4 CITY	-51	T-ZIP			
TITLE	THE LEG TE GTIES	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME .		****	3.2 NAME	•				
STREET ADDRESS	_		3.3 STRE	ĒT	ADDRESS		<u>-</u>	
CITY-ST-ZIP		3.4.		3.4. CITY-ST-ZIP				
TITLE			4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAM	E				ļ
STREET ADDRESS	}		4.3 \$TRE	EΤ	ADDRESS			
CITY-ST-ZIP			4.4 CITY-		-			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	•				ļ
OTDEET ADDRESS	1		5.3 STRE	EΤ	ADDRESS			,

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.

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

TITLE

NAME

\_;...€... AE OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Change

☐ Addition