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FILED  
Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022964 (6)

1. Corporation Name  
UNICLEAN INDUSTRIES, INC.



Principal Place of Business  
408 FARMERS MARKET RD.  
FT. PIERCE FL 34982

Mailing Address  
408 FARMERS MARKET RD.  
FT. PIERCE FL 34982-8228

3. Date Incorporated or Qualified 03/14/1996  
3a. Date of Last Report 3/14/96

2. Principal Place of Business  
21 8500 ORANGE AVE EXT 26 8500 ORANGE AVE EXT 1 65-0651511  
Suite, Apt. #, etc.

4. FEI Number  
Applied For  
Not Applicable

22 City & State  
23 FT. PIERCE, FL  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34945 25 USA 29 34945 30 USA  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCPHERSON, LEONARD  
408 FARMERS MARKET RD.  
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name NARLY C STEPHENSON  
82 Street Address (P.O. Box Number is Not Acceptable) 4805 PALEO PINES CIR  
83  
84 City FT. PIERCE FL 85 Zip Code 34951

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 NARLY C STEPHENSON NARLY C STEPHENSON 4/24/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VTD <input type="checkbox"/> DELETE
NAME	MCPHERSON, LEONARD
STREET ADDRESS	1081 SW AVEDON AVE.
CITY - ST - ZIP	PORT ST. LUCIE FL 34952
TITLE	PD <input type="checkbox"/> DELETE
NAME	STEPHENSON, JON
STREET ADDRESS	4805 PALEO PINES CIR.
CITY - ST - ZIP	FT. PIERCE FL 34951
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FUSTOS, VINCENT E
STREET ADDRESS	1910 E. STATE ST.
CITY - ST - ZIP	HERMITAGE PA 16148
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD MCPHERSON
1.3 STREET ADDRESS	RR 12 BOX 81-4
1.4 CITY - ST - ZIP	LAKE CITY, FL 32025
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NARLY C STEPHENSON
3.3 STREET ADDRESS	4805 PALEO PINES CIR
3.4 CITY - ST - ZIP	FT. PIERCE, FL 34951
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE: NARLY C STEPHENSON 4/24/97 561 466-4144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)