(850) 922-3709 04/28/98 08:31 Fl. Dept. of State p1

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

~~1998~~ **1997**

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

DOCUMENT # P96000022964 (6)

1. Corporation Name
UNICLEAN INDUSTRIES, INC.

[redacted]

Principal Place of Business	Mailing Address
8500 Orange Ave Ext Ft. Pierce, FL 34945	SAME

3. Date Incorporated or Qualified: 03/14/1996	3a. Date of Last Report: 3/14/96
4. FEI Number: 65-0651511	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	

2. Principal Place of Business	2a. Mailing Address
21 2982 Aviation Way	26 2982 Aviation Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Pierce, FL	City & State 28 Ft. Pierce, FL
Zip 24 34946	Country 25 U.S.A.
Zip 29 34946	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

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

CORRECT

10. Name and Address of New Registered Agent

31 Name	NANCY C STEPHENSON
32 Street Address (P.O. Box Number is Not Acceptable)	4805 PALEO PINES CIR
33	
34 City	FT. PIERCE FL 35 Zip Code 34951

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Nancy C Stephenson NANCY C STEPHENSON 4/24/97 4/28/98
(Signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MCPHERSON, LEONARD 1081 SW AVEDON AVE. PORT ST. LUCIE FL 34952 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD LEONARD MCPHERSON RR 13 Box 61-4 LAKE CITY, FL 32025 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHENSON, JON 4805 PALEO PINES CIR. FT. PIERCE FL 34951 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FUSTOS, VINCENT E 1910 E. STATE ST. HERMITAGE PA 16148 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	STD NANCY C STEPHENSON 4805 PALEO PINES CIR FT. PIERCE, FL 34951 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	200002524532 -05/14/98--01111--038 ***150.00 ☐ Change ☐ Addition

CR2E084 (9/96)

OK

OK

12/5/12

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: [illegible] RECORDED STEPHENSON 4/24/97 561-466-4144
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

Nancy C Stephenson 4/28/98 561-466-4144