FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPT AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN Aug 20 1998 8:00am PROFIT ■ FLORIDA DEPARTMEN¹ DE STATE CORPORATION Sandra B. Morti ANNUAL REPORT Secretary of State Secretary of Sta 1998 DIVISION OF CORPOR \TIONS **DOCUMENT #** P96000025264 (8) T & R COMMERCIAL CLEANING & FLOOR CARE INC. Principal Place of Business "T&R" 504 W LEELAND HEIGHTS BLVD Commercial Cleaning & Floor Care Inc. LEHIGH ACRES FL \$3936-6616 P.O.Box 161 Lehigh Acres, FL.33970 DO NOT WRITE IN THIS SPACE (941) 368-7734 Lee County 3. Date Incorporated or Qualified (941) 479-2251 Page 03/18/1996 4. FEI Number 2. Principal Place of Business Applied For 21 26 65-0739982 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired P.O. BOX 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Zip Country Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent HUBBARD, ISABELLA 504 W LEELAND HEIGHTS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **LEHIGH ACRES FL 33936** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE DELETE NAME HUBBARD, ISABELLA S 12 NAME STREET ADDRESS **504 W LEELAND HEIGHTS BLVD** 1.3 STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 only 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 lightnanged, or on an attachment with an address.

del collector