

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



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

FILED

00 MAR 21 AM 7:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025679  
1. Corporation Name

AAA Quality Commercial Cleaning Inc.

Principal Place of Business

Mailing Address

P. O. Box 61133  
Ft. Myers, Fl. 33906

P. O. Box 61133  
Ft. Myers, Fl. 33906

3. Date Incorporated or Qualified

3-22-96

3a. Date of Last Report

1999

2. Principal Place of Business

2a. Mailing Address

21 P. O. Box 61133

26 P. O. Box 61133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Myers, Fl 33906

28 Ft. Myers, Fl. 33906

Zip Country

Zip Country

24 33906

25 Lee

29 33906

30 Lee

4. FEI Number

65-0484941

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

LeighAnne Crowell  
P. O. Box 61133  
Ft. Myers, Fl. 33906

81 Name

Andrew Epstein, Esquire

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

1601 Jackson Street, Suite 101

83

84 City

Fort Myers,

FL

85 Zip Code

33901

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
President  
Leigh Ann Crowell  
STREET ADDRESS  
P. O. Box 61133  
CITY-ST-ZIP  
Ft. Myers, Fl. 33906

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
Vice President  
Linda Koessling  
STREET ADDRESS  
P. O. Box 61133  
CITY-ST-ZIP  
Ft. Myers, Fl. 33906

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
Secretary  
Harold Watson  
STREET ADDRESS  
P. O. Box 61133  
CITY-ST-ZIP  
Ft. Myers, Fl. 33906

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leigh Anne Crowell 2-15-2000

CR2E034 (9/96)