

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000025916 (3)**

1. Corporation Name
LIGHT AND BRIGHT CLEANING SERVICES, INC.

Principal Place of Business 15617 CATHERINE CIRCLE GROVELAND FL 34736	Mailing Address 15617 CATHERINE CIRCLE GROVELAND FL 34736-9754
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2. Principal Place of Business 21 15617 Catherine Cir. Suite, Apt. #, etc.		2a. Mailing Address 26 15617 Catherine Cir. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report NA
22 City & State 23 Groveland Fla		27 City & State 28 Groveland Fla		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
24 34736	25 Lake	29 34736	30 Lake	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent LANGLEY, RICHARD H ESQ. 700 ALMOND STREET CLERMONT FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, LUCY M	1.2 NAME	
STREET ADDRESS	15617 CATHERINE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, KIM	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 727	2.3 STREET ADDRESS	
CITY-ST-ZIP	MASCOTTE FL 34753	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, AUGUST	3.2 NAME	
STREET ADDRESS	15617 CATHERINE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Lucy M. Blair* **4-26-97** **352-429-3647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)