

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

FILED

Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mayhew 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 CIR.
GROVELAND FL 34736
US

Mailing Address

15617 CATHERINE CIR.
GROVELAND FL 34736
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1996	
21. Same		26. Same		4. FEI Number NOT APPLICABLE	
22. Suite, Apt. #, etc. N/A		27. Suite, Apt. #, etc. N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
23. City & State Same		28. City & State Same		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip Same	25. Country Same	29. Zip Same	30. Country Same	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LANGLEY, RICHARD H ESQ. 700 ALMOND STREET CLERMONT FL				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name Same	
				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

Signature type for printed name of agent or agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, KIM		2.2 NAME	Blair Kim	
STREET ADDRESS	POST OFFICE BOX 727		2.3 STREET ADDRESS	14 Lake Jackson court	
CITY-ST-ZIP	MASCOTTE FL 34753		2.4 CITY-ST-ZIP	Mascotte, FL 34753	
TITLE	STD	<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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

4-98

352-429-3647

CR2E034 (10/97)