

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

FILED

**Feb 18 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 # P96000036077 (1)
1. Corporation Name
PINNACLE CLEANING SERVICE, INC.



Principal Place of Business 15005 SOUTHFORK DR TAMPA FL 33624	Mailing Address 15005 SOUTHFORK DR TAMPA FL 33624-2325
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1996	3a. Date of Last Report
21 3815 NORTHGREEN AVE.	26 3815 Northgreen Ave.	4. FEI Number 59-3377106		Applied For Not Applicable	
22 Suite, Apt. #, etc. 3402	27 Suite, Apt. #, etc. 3402	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State TAMPA FL.	28 City & State Tampa, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33624	25 Country Hillsborough	29 Zip 33624	30 Country Hillsborough	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHELDON, KIM C 15005 SOUTHFORK DR TAMPA FL 33624				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 3815 Northgreen Ave			
83 # # 3402				84 City Tampa			
				85 FL		85 Zip Code 33624	

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: *Kim Sheldon* **Vice President** **2/13/97**

Signature, typed or 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	D <input type="checkbox"/> DELETE	1.1 TITLE	T RANDY R. SHELDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	3815 NORTHGREEN AVE. #3402	1.3 STREET ADDRESS	TAMPA, FL. 33624
NAME	SHELDON, RANDY R	2.1 TITLE	V.P. KIM C. SHELDON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	3815 NORTHGREEN AVE. #3402	2.3 STREET ADDRESS	TAMPA, FL. 33624
STREET ADDRESS	15005 SOUTHFORK DR	3.1 TITLE	D. TERRY L. WATSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	14029 NOTREVILLE WAY	3.3 STREET ADDRESS	TAMPA, FL. 33624
CITY-ST-ZIP	TAMPA FL 33624	4.1 TITLE	S. CLAIRE B. WATSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	14029 NOTREVILLE WAY	4.3 STREET ADDRESS	TAMPA, FL. 33624
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		5.1 TITLE		5.2 NAME	
NAME	SHELDON, KIM C	5.3 STREET ADDRESS		6.1 TITLE		6.2 NAME	
STREET ADDRESS	15005 SOUTHFORK DR	5.4 CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33624						
TITLE	D <input type="checkbox"/> DELETE						
NAME	WATSON, TERRY L						
STREET ADDRESS	5850 C SAILFISH DR						
CITY-ST-ZIP	LUTZ FL 33549						
TITLE	D <input type="checkbox"/> DELETE						
NAME	WATSON, CLAIRE B						
STREET ADDRESS	5850 C SAILFISH DR						
CITY-ST-ZIP	LUTZ FL 33549						
TITLE	<input type="checkbox"/> DELETE						
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> DELETE						
NAME							
STREET ADDRESS							
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: *Kim Sheldon* **V.P.** **2/13/97** **813-962-4918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)