


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90055 041 \*\*\*150.00

037261

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000036077**

1. Corporation Name  
**PINNACLE CLEANING SERVICE, INC.**

Principal Place of Business 3815 NORTHGREEN AVE 3402 TAMPA FL 33624 US	Mailing Address 3815 NORTHGREEN AVE 3402 TAMPA FL 33624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>19825 WYNDHAM LAKES DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>ODESSA, FLORIDA</b> Zip Country 24 <b>33556</b> 25 <b>Hillsborough</b>	2a. Mailing Address 26 <b>19825 WYNDHAM LAKES DR</b> Suite, Apt. #, etc. 27 City & State 28 <b>ODESSA, FLORIDA</b> Zip Country 29 <b>33556</b> 30 <b>Hillsborough</b>
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3. Date Incorporated or Qualified <b>04/25/1996</b>	4. FEI Number <b>59-3377106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SHELDON, KIM C**  
**3815 NORTHGREEN AVE**  
**#3402**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SHELDON, RANDY R</b>
STREET ADDRESS	<b>3815 NORTHGREEN AVE #3402</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>SHELDON, KIM C</b>
STREET ADDRESS	<b>3815 NORTHGREEN AVE #3402</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WATSON, TERRY-L</b>
STREET ADDRESS	<b>14029 NOTREVILLE WAY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WATSON, CLAIRE B</b>
STREET ADDRESS	<b>14029 NOTREVILLE WAY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RANDY R. Sheldon</b>
1.3 STREET ADDRESS	<b>19825 Wyndham Lakes Dr.</b>
1.4 CITY-ST-ZIP	<b>Odessa, FL. 33556</b>
2.1 TITLE	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kim Sheldon</b>
2.3 STREET ADDRESS	<b>19825 Wyndham Lakes Dr</b>
2.4 CITY-ST-ZIP	<b>ODESSA, FL. 33556</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Kim Sheldon* 4/16/99 813-926-0795  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

037261