**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P96000042107 1. Corporation Name

B & C CLEANING AND RESTORATION SERVICES INC.

Country

25

Principal Place of Business 1914 GOLD AVENUE SARASOTA FL 34235

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22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1914 GOLD AVENUE SARASOTA FL 34235

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90086 019 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE	
3.	Date Incorporated or Qualifed	
	05/16/1996	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

4. FEI Number

65-0667768

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

	9. Name and Address of Curren	t Registered Agent	_		10, Name an	a Madiese of Man K	egistered Agent		
A			81	Name					
SULLIVAN, WILLIAM J				82 Street Address (P.O. Box Number is Not Acceptable)					
1914 GOLD AVENUE Sarasota Fl 34235									
SAR	MOUTA FL 34235		83						
			84	City			85 Z	ip Co	de
				L	41	L: statement for the	FL   5	ite re	raistared
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was authorize	zed by	the corpo	corporation submits to pration's board of dire	ctors. I hereby accep	t the appointment a	regi	stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida St	atutos	0	$\alpha > 1$	2 110	4.0		
SIGNATURE	Signature, typed or printed name of registered ager	Sullivan" ()	<u> </u>	- Z	equired when reinstating)	2-14-	TATE		<del></del> 1
12.			3.	n alginatoro		S/CHANGES TO OFF	FICERS AND DIREC	TOR	S IN 12
TITLE	D		TITLE			·	Chan	ge	Addition
NAME	SULLIVAN, WILLIAM J	13	2 NAME						
STREET ADDRESS	1914 GOLD AVENUE	13	STREET	ADDRESS					,
CITY-ST-ZIP	SARASOTA FL 34235	1/	CITY-S	T-ZIP					
TITLE	D	☐ DELETE 2.	TITLE			•	Chan	ge	☐ Addition
NAME	SULLIVAN, CHERYL A		NAME						
STREET ADDRESS	1914 GOLD AVENUE	2.5	STREET	ADORESS					l
CITY-ST-ZIP	SARASOTA FL 34235		4 CITY-5	T-ZIP					
TITLE		DELETE 3:	1 TITLE				Chan	ge	☐ Addition
NAME		3.	2 NAME						
STREET ADDRESS		3.	3 STREE	ADDRESS					
CITY-ST-ZIP			4, CITY-S	T-ZIP					C Addition
TITLE		☐ DELETE . 4;	TITLE				Chan	ige	Addition \
NAME			2 NAME						
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NAME:	~			TADDRESS		اد این نے ہمار مسا			
STREET ADDRESS			4 CITY-S					• •	<b>-</b> ,
CITY-ST-ZIP			1 TITLE				☐ Chan	ge	Addition
NAME			2 NAME				_	-	
STREET ADDRESS		6:	3 STREE	TADORESS					
CITY-ST-7IP		6.	4 CITY-S	T-ZIP					

Country

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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.