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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000051036 (7)

ACTION CLEAN OF ORMOND, INC.

Principal Place of Business

Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



384 MILITARY BLVD. ORMOND BEACH FL 32174	384 MILITARY BLVD.	7.4		
ONMOND DENON PE 92174	ACH FL 32174 ORMOND BEACH FL 32174		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 06/10/1996	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 2380 BAJA TRAIL	26 2380 BAJA	4 TRAIL	59-3381664	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 ORMOND BEACH FL		EACH FL	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 32174 25 Volusia	29 32174	30 Volusia	Personal Properly Tax due June 30.	Yes No
g. Name and Address of Curren			10. Name and Address of New Register	ed Agent
ANDERSON, RONALD F 81 Name				
595 N. NOVA RD.		0 0 0	(D.O. D	
SUITE 204			Iress (P.O. Box Number is Not Acceptable)	
ORMOND BEACH FL 32174		83		
CHAROLED DENOTITE CELLA				
		84 City	T	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 agent. I am familiar with, and accept the obliga	of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE				
Signature typed or printed name of registered age		Registered Agent signature requ		
12. OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12 Change Addition
ATO 1000 ATODOC	L. DELETE	1.1 TITLE		□ cuange □ vooinon
ANA MINITARY OLUM		12 NAME		
		1.3 \$TREET ADDRESS		ļ
CITY-SI-ZIP ORMOND BEACH FL 32174		1,4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		,
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELET e	3.1 TATLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 THILE		Change Addition
NAME		4. 2 NAME		1
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - S1 - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		,
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		1
CITY-ST-ZIP	Ih this filing does not qualify for	64 CiTY-ST-ZiP	Section 119.07(3)(i) Florida Statutes Uturther	r certify that the information

Indicated on this annual report or suppliemental 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.