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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600051036 1. Corporation Name				01-28-1999 90015 002 *****150.00	
ACTION	CLEAN OF ORMOND, INC.				
Principal Plac	e of Business	Mailing Address		T 1984/04 FIGURALIS CAMPI BRAND CAMPINE BRAND CAMPINE BRAND CAMPINE BRAND CAMPINE CAMP	
2380 BAJA TRAIL ORMOND BEACH FL 32174 US		2380 BAJA TRAIL ORMOND BEACH FL 32174 US	;	DO NOT WRITE IN THIS SPACE	
		-		3. Date Incorporated or Qualifed 06/10/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-3381664 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 3	0	Personal Property Tax. Yes No	
	9. Name and Address of Curren	t.Registered Agent	81 Name	10. Name and Address of New Registered Agent	
ANDERSON, RONALD F			1 Name		
	N. NOVA RD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	E 204		83		
		•	"		
ORMOND BEACH FL 32174			84 City	FL 85 Zip Code	
44 Dumuent	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above-named corn	poration submits this statement for the surross of changing its registered	
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 607.6505, Florida Statutes.					
agent. I a	im familiar with, and accept the obligat		a Statutes.	1099	
SIGNATURE	Signature, typed or printed (4me of registered agen	it and title if applicable. (NOTE: R	egistered Agent signature require		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	STRUMBEL, GEORGE		1.2 NAME		
STREET ADDRESS	384 MILITARY BLVD.		1.3 STREET ADDRESS		
CITY-ST-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	1	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	,		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP	Classes Classics	
TITLE		☐ ĐELETE	4.1 TITLE	Change [] Additio	
NAME			4. 2 NAME	•	
STREET ADORESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	. ☐ Change ☐ Addition	
TITLE	and the enginery Africa		5.1 TITLE 5.2 NAME	. Cusinge Addition	
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Additio	
TITLE	·	□ DEFE IE	5.1 INCC	□ Change □ Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State