## 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 # P96000052652 (0)

D & B CLEANING SERVICES OF LAKELAND, INC.

## FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5719 DEER FLAG DR. 5719 DEER FLAG OR. LAKELAND FL 33811 LAKELAND FL 33811 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 2a. Mailing Address 2. Principal Place of Business Applied For Signi 26 59-3394872 amı Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be SAMLE Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 30 **☑** Yes 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LUCAS, DANIEL M 5719 DEER FLAG DR. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33811 83 City Zip Code 65 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, am familiar with and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** egistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITI F 1.1 TITLE Change ■ Addition HAME LUCAS, DANIEL M 1.2 NAME STREET ADDRESS 5719 DEER FLAG DR. 1.3 STREET ADDRESS Lakeland FL 33811 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME LUCAS, BARBARA H 2.2 NAME STREET ADDRESS 5719 DEER FLAG DR 2.3 STREET ADDRESS CITY-ST-ZIP lakeland fl 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELFTE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 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 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 13 if changed, or on an attachment with my address.

SIGNATURE