

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90041 029 ***150.00

DOCUMENT # P96000063771

1. Corporation Name
GULF COAST WINDOW CLEANING SERVICES OF DESTIN, I
NC.



Principal Place of Business
424 PRIMROSE CIRCLE
DESTIN FL 32541

Mailing Address
424 PRIMROSE CIRCLE
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3398528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4026 LAUREN COURT
Suite, Apt. #, etc.

2a. Mailing Address

26 4026 LAUREN COURT
Suite, Apt. #, etc.

City & State

23 DESTIN FL
Zip Country

24 32541 25 USA

City & State

28 DESTIN, FL
Zip Country

29 32541 30 USA

9. Name and Address of Current Registered Agent

HAUGHT, BRUCE A
501 HIGHWAY 98 E
SUITE G
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME MOORE, MICHAEL SCOTT
STREET ADDRESS: 424 PRIMROSE CIRCLE
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME moore, michael scott
1.3 STREET ADDRESS 4026 LAUREN COURT
1.4 CITY-ST-ZIP DESTIN, FL 32541

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Michael Scott Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99
Date

850 654-4177
Telephone #

CR2E034 (11/98)