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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name: McCormick Carpet, Upholstery and General Cleaning, Inc.
P96000070981

Principal Place of Business / Mailing Address

5107 East Sligh Avenue, Unit A
Tampa, Florida 33617

3. Date Incorporated or Qualified: 8/26/96	3a. Date of Last Report: Same
4. FEI Number: 59-3397216	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: N/A	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: X N/A	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No	

Principal Place of Business	Mailing Address
21 Street: 5107 East Sligh Ave	26 Street: Sligh Avenue
22 Suite, Apt #, etc: Unit A	27 Suite, Apt #, etc:
23 City & State: Tampa, Florida	28 City & State:
24 Zip: 33617 25 Country: Hillsborough	29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

Wanda D. Casey
6830 Benjamin Road, Suite 8
Tampa, Florida 33634

10. Name and Address of New Registered Agent

81 Name: Wanda D. Casey
82 Street Address (P.O. Box Number is Not Acceptable): 6830 Benjamin Rd, #8
83
84 City: Tampa FL 85 Zip Code: 33634

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: Wanda D. Casey — 3/13/97
Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 ☐ DELETE: President, Steve H. McCormick, 5107 E. Sligh Ave #A, Tampa, FL 33617	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: Vice President, Sharon S. McCormick, 5107 E. Sligh Ave #A, Tampa, FL 33617	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition: N/A 5-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE: N/A	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition: 000021752?0 05/12/97--01120--026 ***165.00

CR2E034 (9/96)

14. I declare that I have examined 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.

SIGNATURE: Steve McCormick — 3/26/97 — 813-621-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #