

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90043 017 ***150.00

DOCUMENT # P96000075592

1. Corporation Name

A ADVANCED CLEANERS, INC.



Principal Place of Business

12641 SHANNONDALE DR
FT MYERS FL 33913

Mailing Address

12641 SHANNONDALE DR
FT MYERS FL 33913

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

65-0705183

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 14609 Aeries Way DR.

2a. Mailing Address

26 14609 Aeries Way DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. Myers Florida

City & State

28 Ft. Myers Florida

Zip

24 33912

Country

25 Lee

Zip

29 33912

Country

30 Lee

9. Name and Address of Current Registered Agent

**DEMETER, JOHN G
12641 SHANNONDALE DR
FT MYERS FL 33913**

10. Name and Address of New Registered Agent

81 Name Demeter, John G.

**82 Street Address (P.O. Box Number is Not Acceptable)
14609 Aeries Way Dr.**

83

84 City Ft. Myers

FL

85 Zip Code 33912

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 PSD
NAME DEMETER, JOHN G
STREET ADDRESS 12641 SHANNONDALE DR
CITY-ST-ZIP FT MYERS FL 33913

☐ DELETE

TITLE VD
NAME DEMETER, LORI A
STREET ADDRESS 12641 SHANNONDALE DR
CITY-ST-ZIP FT MYERS FL 33913

☐ DELETE

TITLE TD
NAME NYBERG, SHIRLEY A
STREET ADDRESS 5110 WOLF RUN DR
CITY-ST-ZIP ERIE PA 16505

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE PSD
1.2 NAME Demeter, John G.
1.3 STREET ADDRESS 14609 Aeries Way Dr.
1.4 CITY-ST-ZIP Ft. Myers, Florida 33912

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Demeter, Lori A
2.3 STREET ADDRESS 14609 Aeries Way Dr.
2.4 CITY-ST-ZIP Ft. Myers, Florida 33912

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99

941-466-7600

CR2E034 (11/98)

0443907