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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090298 (6)

WARREN'S CARPET CLEANING, INC.

appears in Block 12 or Block 13 if char

SIGNATURE:

Principal Place of Business Mailing Address 143 N AUDREY CIRCLE 143 N AUDREY CIRCLE FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548-4050 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name FLEET, BART 1201 EGLIN PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) SHALIMAR FL 32579 83 84 City 85 Zip Code 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 Suprature, typied or parties came of tog sheled agent and fille it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 11 TITLE Change Addition THEF RUST, LAVONDA 1.2 NAME NAME 143 N AUDREY CIRCLE 1.3 STREET ADDRESS STREET ANDRESS FT WALTON BEACH FL 32548 CHTY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE **2.2 NAME** STREET ADDRESS 2.3 STREET ADORESS 2.4 CITY-ST-ZIP CITY - \$1 - 26 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP __ DELETE ☐ Change Addition 1066 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 70P 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TIPLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 769 5.4 CITY - ST-ZIP DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - 7(P 6.4 CITY-ST-ZIP 14. I do 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 inclicated 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

President 1/21/19