PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101684

DURACLEAN BY GRADY, INC.

220 S. 26TH STREET UNIT #8 FLGLER BEACH FL 32136

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90002 031 ***150.00

Mailing Address Principal Place of Business 220 S. 26TH STREET LINIT #8 DO NOT WRITE IN THIS SPACE FLGLER BEACH FL 32136 3. Date Incorporated or Qualifed 12/16/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-3424120 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite Ant # etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip This corporation owes the current year Intangible Zip Country MNo Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DUNCAN, DONALD W P.A. Street Address (P.O. Box Number is Not Acceptable) 25 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. [7] Change Addition DELETE 1.1 TITLE TITLE **PVST** 1.2 NAME NAME GRADY, RICHARD 220 S. 26TH ST., APT 8 1.3 STREET ADDRESS STREET ADDRESS FLGLER BEACH FL 32136 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE. 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZIF Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4,1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS . . 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ___ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

CR2E034 (11/98