

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998

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



FILED

98 DEC 21 AM 10:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000102749
 1. Corporation Name Herricane Construction Cleanup Inc.
1572 JASPER AV. NW
PALM BAY, FL. 32907 # P96000102749

Principal Place of Business Mailing Address
Herricane Construction Cleanup Inc.
1474 Glencove Av. N.W.
Palm Bay, FL. 32907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 1474 Glencove Av. NW Suite, Apt. #, etc.
 22 Suite, Apt. #, etc.
 23 PALM BAY, Florida City & State
 24 32907 Zip Country USA 25 29 30

3. Date Incorporated or Qualified
January 2, 1997

4. FFL Number 59-34266661 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Linda L. Stricklan
1474 Glencove Av. NW
Palm Bay, FL. 32907

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 Linda L. Stricklan President 12/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<u>Pres.</u>	<input type="checkbox"/> DELETE
NAME	<u>Linda L. Stricklan</u>	
STREET ADDRESS	<u>1474 Glencove Av. NW</u>	
CITY-ST-ZIP	<u>PALM BAY, FL. 32907</u>	
TITLE	Vice Pres	<input type="checkbox"/> DELETE
NAME	Linda L. Stricklan	
STREET ADDRESS	1474 Glencove Av.	
CITY-ST-ZIP		
TITLE	<u>Vice President</u>	<input type="checkbox"/> DELETE
NAME	<u>MIKE G. KONECSNY</u>	
STREET ADDRESS	<u>1474 Glencove Av. NW</u>	
CITY-ST-ZIP	<u>PALM BAY, FL. 32907</u>	
TITLE	<u>Secretary</u>	<input type="checkbox"/> DELETE
NAME	<u>Linda L. Stricklan</u>	
STREET ADDRESS	<u>1474 Glencove Av. NW</u>	
CITY-ST-ZIP	<u>PALM BAY, FL. 32907</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>000002722280--1</u>
1.4 CITY-ST-ZIP	<u>-12/24/98-01083-017</u>
2.1 TITLE	<u>***150.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Linda L. Stricklan President 407-544-1745

CR2E034 (5/98)

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December 17, 1998

Dar Department for Annual Reports,

My name is Linda Stricklan, I incorporated in 1997. At the end of September of this year, during a meeting with my accountant, he (My accountant) had asked me about an annual report due by the end of September. I told him I had not received it, so I called your office to explain I had just gone through a nasty divorce and even though I had changed my address any mail my ex. Was getting was not received. I left my new address when I talked with your office, but did not received the form until a week ago, after I had to call again. When I spoke to Don in October he told me to write this letter and send \$150.00 with a complete form to your office to ask you to please reinstate my corporation.

Thank You
Linda Stricklan