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May 06, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000000176

1. Corporation Name
BLANCHE AMMONS CLEANING SERVICE, INC.



Principal Place of Business Mailing Address
 5361 SOUNDVIEW AVE P O BOX 3975
 ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32085-3975
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 28 30

3. Date incorporated or Qualified
12/26/1996
 4. FEI Number Applied For
59-3418759 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

9. Name and Address of Current Registered Agent
~~DELETE~~
 HALL, CHARLES E JR.
 93-B ORANGE ST
 ST AUGUSTINE FL 32084
R. Jack Facetti CPA
 2760 451 S.
 St. Augustine, Fl.
 32086

10. Name and Address of New Registered Agent
 81 Name **R. Jack Facetti CPA**
 82 Street Address (P.O. Box Number is Not Acceptable)
2760 451 South
 83 ~~St. Augustine, FL~~
 84 City **St. Augustine** FL 85 Zip Code **32086**

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 **R. Jack Facetti** *R. Jack Facetti* DATE **4-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **AMMONS, BLANCHE**
 STREET ADDRESS **P O BOX 3975 N/A**
 CITY-ST-ZIP **ST AUGUSTINE FL 32085-3975**
 TITLE DELETE
 NAME **R. Jack Facetti CPA**
 STREET ADDRESS **2760 451 S.**
 CITY-ST-ZIP **St. Augustine, Fl. 32086**
 TITLE DELETE
 NAME **Blanche Ammons**
 STREET ADDRESS **P O Bx. 3975 N/A**
 CITY-ST-ZIP **St. Augustine, Fl. 32085**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

I 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 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 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 Item 13 if changed, or on an attachment with an address, with all other like empowered.

Blanche Ammons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4-15-99** Daytime Phone # **904-471-4712**
(5-25-99) 904-797-115

CR2E034 (1/198)