

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001672 (9)
1. Corporation Name:
Superior Clearner of Tampa Bay, Inc.

Principal Place of Business 14428 N. Dale Mabry Hwy Tampa, Florida 33618	Mailing Address 14428 N. Dale Mabry Hwy Tampa, Florida 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/01/1997	
4. FEI Number 59-3214361		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			

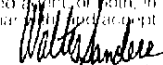
9. Name and Address of Current Registered Agent

Sanders, Walter
13910 North Dale Mabry Hwy Ste One
Tampa, Florida 33618

10. Name and Address of New Registered Agent

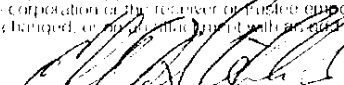
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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  **Walter Sanders** **04/30/98**
Signature typed or printed name of registered agent and date of appointment (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Hibbs, Elliot S.	12 NAME	
STREET ADDRESS	15167 Springview Street	13 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida 33624	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Hibbs, Roxanne O.	22 NAME	
STREET ADDRESS	15167 Springview Street	23 STREET ADDRESS	
CITY-ST-ZIP	Tampa, Florida 33624	24 CITY-ST-ZIP	
NAME	☐ DELETE	31 TITLE	☐ Change ☐ Addition
STREET ADDRESS		32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
TITLE	☐ DELETE	34 CITY-ST-ZIP	
NAME		41 TITLE	☐ Change ☐ Addition
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE	☐ DELETE	44 CITY-ST-ZIP	
NAME		51 TITLE	☐ Change ☐ Addition
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE	☐ DELETE	54 CITY-ST-ZIP	
NAME		61 TITLE	☐ Change ☐ Addition
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		64 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or both, in accordance with the above.

SIGNATURE:  **Elliot S. Hibbs** **04/30/98** **813-264-1003**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/97)