


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

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortgum Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000015057 (7) 1. Corporation Name AAA CLEANING OF CLEARWATER INC.					
Principal Place of Business 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625			Mailing Address 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625		
2. Principal Place of Business 21 1542 S Missouri Ave Suite, Apt. #, etc.		2a. Mailing Address 27 same Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/17/1997	
22 Clearwater, FL City & State		28 same City & State		4. FEI Number 59-3431195 Applied For Not Applicable	
23 33756 Zip		29 Pinellas County		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 33756 Zip		30 FL State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Arvilla City		26 33756 Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Name and Address of Current Registered Agent CARLSON, GENE 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625			9. Name and Address of New Registered Agent 81 Name Arvilla Carlson 82 Street Address (P.O. Box Number is Not Acceptable) 1542 S Missouri Ave 83 Clearwater 84 City FL 85 Zip Code 33756		
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 Arvilla Carlson (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 CARLSON, SHERRY 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625 2 CARLSON, DOUG 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625 3 CARLSON, ARVILLA 2080 SUNSET POINT ROAD, #52 CLEARWATER FL 34625 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

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 **Arvilla Carlson** 8/13-441-4828