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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017102 (9)

SUNSHINE STATE CLEANING, INC.

FILED May 06 1998 8:00am Secretary of State



| | | | | | | |
|--|--|---|---------------------------------------|------------------------------|--|---|
| Principal Place of B | lusiness | Mailing Addres | SS | | | |
| 1831 TAYLOR ROAD 1831 TA PUNTA GORDA FL 33950 PUNTA 6 | | | ROAD A FL 33950 | | DO NOT WRITE IN THIS | S SPACE |
| | | | | | 3. Date Incorporated or Qualified | 301702 |
| | | | | | 02/24/1997 | |
| 2. Principal Place o | of Business | 2a. Mailing Add | dress | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0730235 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| 22 | | 27 | | | 6. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Ζip | C | ountry | 8. This corporation owes or has paid the c | urrent year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No |
| | Name and Address of Curren | nt Registered Agent | | | 10. Name and Address of New Registered | d Agent |
| AMERILAWYER CHARTERED 8 | | | | 81 Name | PAUL G MARSHALL | |
| 343 ALMERIA AVENUE | | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) | |
| _ | GABLES FL 33134 | | | | IW OLYMPIA AVE | |
| • • • • | | | | 83 | - | - |
| * | | | | 84 City | | 85 Zip Code |
| | | | | | PUNTA GORDA FI | L 3 <i>3950</i> |
| 11. Pursuant to the | provisions of Sections 607.050 |)2 and 607.1508, Flo | rida Statutes, the | above-named c | orporation submits this statement for the purpose oration's board of directors. I hereby accept the appropriate the submits of | of changing its registered |
| office or registe agent. I am <u>fan</u> | ered agent, or both, in the State hiliar with, and accept the oblig | ⊭of Florida. Such cha jations of, Section <u>6</u> 0 | ange was authori 7.0505, Florida S | zed by the corpo tatules. | pration's poard or directors. I hereby accept the ap | opointment as registered |
| SIGNATURE | = 16 mins | Les PA | WCG MA | ASHALL | 2- | 27-98 |
| Signal | ure, typed or printed name of registered ag- | ent and trie if applicable | (NOTE Registe | erod Agent signature re | oquired when reinstating) DATE | |
| 12. | | ID DIRECTORS | 13 | | ADDITIONS/CHANGES TO OFFICERS AT | |
| | STD | | | TITLE | | Change Addition |
| | ennette, Linda | | 1.2 | 2 NAME | BENNETT, LINDA | |
| | 331 TAYLOR ROAD | | 1.3 | STREET ADDRESS | | |
| CITY-ST-ZIP P | JNTA GORDA FL 33950 | | | CITY-ST-ZIP | | |
| TITLE | | L | DELETE 2.1 | TITLE | | Change Addition |
| NAME | | | 2.2 | 2 NAME | | |
| STREET ADDRESS | | | 2.3 | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 4 CITY-ST-ZIP | | · |
| TITLE | | لبا | DELETE 3.1 | 1 TITLE | | Change L Addition |
| NAME | | | 3.2 | 2 NAME | | |
| STREET ADDRESS | | | 3.3 | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 4. CITY-ST-ZIP | | |
| TITLE | | | DELETE 4.1 | I TITLE | | Change Addition |
| NAME | | | 4.1 | 2 NAME | | |
| STREET ADDRESS | | | 4.3 | S STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 4 CITY-S1-ZIP | | |
| TITLE | | | DELETE 5.1 | I TITLE | | Change Addition |
| NAME | | | 5.2 | 2 NAME | | 1 |
| STREET ADDRESS | | | 5.3 | 3 STREET ADDRESS | | V K 160 |
| CITY-ST-ZIP | | | | 4 CITY - ST - ZIP | | UL 2 4 |
| TITLE | | | DELETE 6.1 | I TITLE | 2000025145 -05/07/98010080 | Change Addition |
| NAME | | | 6.2 | 2 AME | -05/07/98010080 | 134 |
| STREET ADDRESS | | | 6.3 | TREET ADDRESS | ***150.00 | I |
| CITY-ST-ZIP | | | 6.4 | TY-ST-ZIP | | |
| 14. I hereby certify | that the information supplied v | vith this filing does no | ot qualify for the e | mption stated | in Section 119.07(3)(i), Florida Statutes. I further | certify that the information |

I. I hereby certify that the information supplied with this filing does not qualify for the approximation stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental annual report is true and accurate a 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 his 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.

24/29/9×