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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 👍

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000023201 (1)

PREMIER CLEANING SERVICES, INC.

Principal Place of Business Mailing Address 3 SOUTH BOUNTY LANE P.O. BOX 1263

FILED May 11 1998 8:00am Secretary of State



KEY LARGO FL 33037 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζìρ Country Ζφ Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30 ☐ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FIKE, MARK W 3 SOUTH BOUNTY LANE 82 Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 85 Zip Code 84 City 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 Signature, typod or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE Change ___ Addition TITLE 1.1 TITLE FIKE, MARK W NAME 1.2 NAME CR2E034 P.O. BOX 1263 3 Sut h Bounty LAME STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 KEY LARSO FL 3 363 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 21 TITLE FIKE, BARBARA W 2.2 NAME NAME P.O. BOX 1263 3 South Brutz LANC STREET ADDRESS 2.3 STREET ADDRESS KEY LARGO FL 33037 Key LAGO IL 3303 7 2 4 CITY - ST - ZIP CITY-ST-ZIP Change 3.1 TITLE ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.