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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000026237**

1. Corporation Name

VICTOR GAFFERT CLEANING, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90088 042 ***150.00

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Principal Place of Business Mailing Address							,,,, 20,,,, 20,,,,	.,		·
100 ORANGE RIDGE ROAD 100 ORANGE RIDGE ROAD										
LONGWOOD FL 32779 LONGWOOD FL 32779						DO NOT WE	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	_	OI ACE		
						03/24/1997				
A D::-:-101	and of Dissipance	2a. Mailing Address		_		4, FEI Number			plied For	l_=
						59-3441020		- 	t Applicable	i
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75		, }	
22	, 610.	27			5. Certifcate of Status Desired		Fee Re			
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be	'	
23		28			Trust Fund Contribution		Added t	o Fees	ı	
Zip	Country	Zip Country				8. This corporation owes the cu	rent year Int	angible		l
24	25	29	30			Personal Property Tax.		☐ Yes	⊠ No	ı
9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent		!
			81	Name					, !	
MCMENEMY, BRUCE C				82	Street Ad	dress (P.O. Box Number is Not Accep	able)			
1	CR 427 SUITE 306		62) Sireer							
LON	GWOOD FL 32750		83							
				84	City		_	85 Zip (Code	1
-							FL	. `		ĺ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	ibov	named col	poration submits this statement for the	purpose of	changing its	registered	l
Affine or r	egistered agent, or both, in the State om familiar with, and accept the obligation	t Florida. Such change was a	IIII OTZE	ส กง	ine comera	tion's board of directors. I hereby acce	pt the appor	minent as re	Aisreien	l
	and deliger					The state of the s	1/4/	58		ı
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE	Registere	o Agen	nt gnature requi	ired when reinstating)	DATE			â
12.	OFFICERS AND		13.		X	ADDITIONS/CHANGES TO O	FICERS AN			Į į
ΠLE	PSTD	☐ DELETE	1.1 T	MLE/				☐ Change	Addition	٦
ŅAME	GAFFERT, VICTOR R		1.2 N	IAME	、)∐					2
STREET ADDRESS	100 ORANGE RIDGE ROAD		1.3 S	TREET	ADDRESS					וְעַ
СЛY-ST-ZIP	LONGWOOD FL 32779		1.4 0	ITY-S	T-ZIP					į
TITLE		☐ DELETE	2.1 T	TILE				☐ Change	☐ Addition	`
NAME			2.2 N	AME						
STREET ADDRESS			≟ :23 _, 8	TREET	ADDRESS -	<u> </u>				
CITY-ST-ZIP	<u> </u>		_	CITY-S	T-ZIP		_			
TITLE		☐ DELETE	3.1 T	πLE	{			Change	Addition	
NAME			3.2 N	IAME						
STREET ADDRESS			3.3 S	TREET	T ADDRESS					
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP					1
TITLE		DELETE	4,1 T	TLE				Change	Addition	
NAME !			4, 21	NAME	ļ					
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CITY-ST-ZIP	_		4.4 0	CITY-S	T- ZIP					
TITLE		DELETE	5.1 T	ITLE				☐ Change	☐ Addition	
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 5	TREET	TADDRES\$	•				1

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 of an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition