## 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 # P97000033314

MOP AND CLEAN JANITORIAL SERVICE, INC.

Principal Place of Business Mailing Address									
2452 SANTANA AVE. ORLANDO FL 32811		2452 SANTANA AVE. ORLANDO FL 32811				DO NOT	WRITE IN 1	THIS SPACE	
						3. Date incorporated or Qui			
						04/11/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21	_	26	26			<u>59-3461352</u>		لكيــــــــــــــــــــــــــــــــــــ	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>⊢</b> , ''			5. Certifcate of Status Desi	red 🗆	•	5 Additional Required
City & State	•	City & State	City & State		6. Election Campaign Finar	ncing		00 May Be	
23	<del>-</del>	28				Trust Fund Contribution			ed to Fees
Zip	Country 25	Zip [	<del>-</del>			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No			
24	9. Name and Address of Curre		30			10. Name and Address of I	New Registe	red Agent	
			81	Nan	ne		<u>-</u>		
ANDARGE, FOZIA			82	Stre	et Addre	ress (P.O. Box Number is Not Acceptable)			
	EDGEWATER DR SUITE D7								
ORL	ANDO FL 32810		83	3]					
			84	City				85 Z	Zip Code
								FL   ° °   °	ita sasiatasad
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the State	e of Florida. Such change was au	uthorized by	/ the co	ed corpo prporatio	oration submits this statement in in's board of directors. I hereby	or the purpos accept the a	se of changing appointment a	s registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Flor	rida Statute	\$.					
SIGNATURE	Signature, typed or printed name of registered ag	and title if evaluable (NOTE:	Registered Ans	nt signati	ce required	when reinstating)	DAT		
12.		AND DIRECTORS	13.	in agrice	ne rodosoo	ADDITIONS/CHANGES T			CTORS IN 12
TITLE	VP	☐ DELETE	1,1 TITLE			President		☐ Chan	
NAME	BAILEY, DWIGHT	1.2 N		2 NAME		Willie James	Bailer	5.7	
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS		2452 Santana		¥	{
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-3	ST-ZIP		Orlando, Fl 3			
TITLE	D	☐ DELETE	2.1 TITLE			oriunac, 11 s		Chan	nge 🗌 Addition
NAME	BAILEY, GEORGIA		2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADORE	ss				l
CITY-ST-ZIP	ORLANDO FL 32811		2. 4 CITY-	ST-ZIP					
TITLE	☐ DELETE 31TI		31 TITLE					Chan	nge
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ET ADDRE	ss				}
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					Addition
TITLE		☐ DELETE	4.1 TITLE		1			Char	nge
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE		:SS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-					Char	nge
TITLE		☐ DETEIE	5.1 TITLE 5.2 NAME					Cloud	igenadition
NAME									Į
STREET ADDRESS			5.3 STREE		.00				1
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE		_	<del></del>	———	☐ Char	nge Addition
TITLE		⊕ nere≀e	62 NAME						.90
NAME			63 STREE		285				į

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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90069 001 \*\*\*150.00

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