

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000049906 (5)

1. Corporation Name  
A.S.A.P. CLEANERS, INC.

Principal Place of Business  
1808 IDLEWILD AVE  
GREEN COVE SPRINGS FL 32043

Mailing Address  
P O BOX 643  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

Country

9. Name and Address of Current Registered Agent

HALL, SANDRA B  
2831 OAKLAND DRIVE  
GREEN COVE SPRINGS FL 32043

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PT-T</b>	NAME: <b>Treasurer</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME: <b>Teresa Johnson</b>	STREET ADDRESS: <b>lot 40 Island Forest Dr.</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: <b>Orange Park, FL 32093</b>			
TITLE:	NAME:	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
CITY-ST-ZIP:			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME:	STREET ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:			
TITLE:	NAME:	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME:	STREET ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:			

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: *Sandra B. Martham*

FILED  
Apr 13 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

59-3452926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2034 (1097)

4-7-98 904-284-1787