

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90150 002 ***158.75

DOCUMENT # **P97000056455**

1. Corporation Name

WHITE GLOVE CARPET & UPHOLSTERY CLEANERS, INC.

Principal Place of Business

~~14112 FARMINGTON BLVD.~~
~~TAMPA FL 33625~~

Mailing Address

~~14112 FARMINGTON BLVD.~~
~~TAMPA FL 33625~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

59-3458425

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 17879 SAILFISH DR

Suite, Apt. #, etc.

22 A

City & State

23 LUTZ, FL Hillsboro

Zip

24 33549

25

Country

2a. Mailing Address

26 17879A SAILFISH DR

Suite, Apt. #, etc.

27 A

City & State

28 LUTZ, FL Hillsboro

Zip

29 33549

Country

30

9. Name and Address of Current Registered Agent

FARMER, GARY E
5329B EHRICH RD.
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

Gary E. Farmer

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

4332 W. Waters Ave. #106

83

84 City

Tampa

FL

85 Zip Code

33614

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

TITLE ☐ DELETE

NAME **DPT**
MCKIBBAN, RONALD Z
STREET ADDRESS **17879 SAILFISH DR., #A**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE

NAME **DVS**
MOULTON, KEITH
STREET ADDRESS **16134 MANORWOOD CT.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE: **Ronald McKibban** **RONALD MCKIBBAN**

JAN 5 1999

813-265-9045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)