

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90056 041 ***150.00

DOCUMENT # P97000059654

1. Corporation Name

PRECISION CLEANING CONCEPTS, INC.

Principal Place of Business

6814 REMBRANDT DR
SUITE #388
ORLANDO FL 32818
US

Mailing Address

6814 REMBRANDT DR
SUITE #388
ORLANDO FL 32818
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

59-3457702

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 6814 REMBRANDT DR.

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida

Zip

24 32818

Country

25 ORANGE

2a. Mailing Address

26 6814 REMBRANDT DR.

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida

Zip

29 32818

Country

30 ORANGE

9. Name and Address of Current Registered Agent

DAVID A HOWARD
6814 REMBRANDT DRIVE
SUITE #388
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81

Name

DAVID A HOWARD

82

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

6814 REMBRANDT DR.

83

84

City

ORLANDO

FL

85

Zip Code

32818

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 David A Howard DAVID A. HOWARD

1/7/99

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 D ☐ DELETE

NAME HOWARD, GARY P
STREET ADDRESS 6814 REMBRANDT DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ DELETE

NAME HOWARD, DAVID A
STREET ADDRESS 1108 CAMBRIDGE COURT
CITY-ST-ZIP LONGWOOD FL 32779

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

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: DAVID A. HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0099150