

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

APPROVED
AND
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1998 MAR 19 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 897000061647
1. Corporation Name
Fencher Family Cleaning Service, Inc.

Principal Place of Business Mailing Address
1821 N.W. 33th Ave Tallahassee
Fla-233311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1821 N.W. 33th Suite, Apt. #, etc.		2a. Mailing Address 26 1821 N.W. 33th Suite, Apt. #, etc.		4. FEI Number 65-0254457 Applied For Not Applicable	
22 1821 N.W. 33th City & State		27 1821 N.W. 33th City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 33311 Zip		28 33311 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 33311 Country		29 33311 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Elizabeth J. Kate, Esq. 4411 North West Tenth Street. Coconut Creek Fla. 33066				10. Name and Address of New Registered Agent 81 Name Elizabeth J. Kate Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 4411 North West Tenth Street 83 Coconut Creek Fla. 33066 84 City FL 85 Zip Code			
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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 of person or persons authorized to sign this statement) (NOT a Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Eloise Fencher 1821 N.W. 33th Ave Tallahassee Fla. 33311	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 700002464357-2 -03/20/98-01128-013 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Eloise Fencher 1821 N.W. 33th Ave Tallahassee Fla. 33311	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Eloise Fencher 1821 N.W. 33th Ave Tallahassee Fla. 33311	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Eloise Fencher 2/23/98 731-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)