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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000081721 (7)

1. Corporation Name

CLEANER IMAGE SOLUTION, INC.



Principal Place of Business

C/O ALEXANDER & CO., INC.
14033 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address

C/O ALEXANDER & CO., INC.
14033 N DALE MABRY HWY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

59-3474299

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

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

2. Principal Place of Business

21 4627 PANORAMA AVE

Suite, Apt. #, etc.

22

City & State

23 HOLIDAY FL

Zip

24 34690

Country

25 PASCO

2a. Mailing Address

26 4627 PANORAMA AVE

Suite, Apt. #, etc.

27

City & State

28 HOLIDAY, FL

Zip

29 34690

Country

30 PASCO

9. Name and Address of Current Registered Agent

FREEMAN, ERNEST W
14033 N DALE MABRY HWY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

ERNEST W. FREEMAN

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

4627 PANORAMA AVE

83

84 City

HOLIDAY

FL

85 Zip Code

34690

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 D
STREET ADDRESS FREEMAN, ERNEST W
CITY-ST-ZIP 14033 N DALE MABRY HWY
TAMPA FL 33618

TITLE ☐ DELETE

NAME D
STREET ADDRESS FREEMAN, JOYCE E
CITY-ST-ZIP 14033 N DALE MABRY HWY
TAMPA FL 33618

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

4627 PANORAMA AVE
HOLIDAY, FL 34690

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4627 PANORAMA AVE
HOLIDAY, FL 34690

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

4/24/98

012/034-4/67

CR2E034 (10/97)