

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

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082824
1. Corporation Name
FLOOD'S CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
1114 OLD DIXIE HWY. D6 VERO BEACH, FL 32960	PO BOX 651127 VERO BEACH, FL 32965-1127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified SEPTEMBER 24, 1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number APPLIED FOR	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	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		10. Name and Address of New Registered Agent	
STEVEN D. FLOOD 1114 OLD DIXIE HWY. D6 VERO BEACH, FL 32960		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		DATE	
Signature (Type or print name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P STEVEN D. FLOOD	☐ Change ☐ Addition	
STREET ADDRESS	5901 EASTWOOD DR.	11 TITLE	
CITY, ST, ZIP	FORT PIERCE, FL 34951	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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:  PRESIDENT 08/13/98 561-770-6244

CR2E034 (10/97)