## Amended \$ 61.25 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999 **DOCUMENT #** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

000097507 American Home Cleaning, INC

Principal Place of Business

Mailing Address

18-C S. Bernuda Ave Kissimmee Fl 34741

2. Principal Place of Business	2a. Mailing Address
21 18-C S. Bernuda HVE	26 18-CS. Bernuda Ho
Suite, Apt. #, etc.	Suite, Apt. #, etc
22	27
City & State	City & State
23 Kissimmee Fl	28 Kissimmee F1
Zip Country	Zip Country
24 34741 25 USA	[29] 34741 [30] USH
9. Name and Address of Current	Registered Agent

	<del></del>		
William	D. Phi	عمناا	•
607 HOR	seshoe	C+	
Winter	HAVEN	FI	33681

FIL	ED	
11 NUL 99	PH 12:	15
SECRETARY TALLAHASSE	OF STA	TE

4. FEI Number		 	Applied For Not Applicable
5. Certificate of Status Desired	£.]		75 Additional e Required
6. Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May B Added to Fee	
<ol><li>This corporation owes the curre Personal Property Tax</li></ol>	ent year In	tangible XYes	□No
· · · · · · · · · · · · · · · · · · ·		X Yes	□No

					.4			
1. Pu	rsuant to the provisions	of Sections 607.0502 a	nd 607.1508, Florida	Statutes, the above	e-named corporatio	n submits this statement	for the purpose of ch	anging its registered
off	ice or registered agent, i	orboth, in the State of F	Iorida Such change	was authorized by	the corporation's b	oard of directors. I hereby	accept the appointn	nent as registered
ag	ent. I am familiar with, a	nd accept the Moligation	s of Section 607.05	05 Florida Statute:	s. 🗷			_
_	ent. I am familiar with, a	<i>\タイスト ///゛ /</i>	1.11.	Ck It so	10mc			

81 Name

Street Addr

	Signature, typed or printed name of registered agent and title if applicable (NOTE Re	gistered Agent signature i
12.	OFFICERS AND DIRECTORS	13.
TITLE	[] DELETE	1 1 TITLE
NAME		1.2 NAME
STREET ADDRESS		13 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	C DELETE	21 TITLE
NAME		22 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2 4 CITY-ST-ZIP
TITLE	[] DELETE	3 1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIF
TITLE	□ DELETE	4 1 TITLE
NAME		4 2 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		4.4 CiTY+ST-ZiP
TITLE	[] DELETE	5 1 TITLE
NAME		5.2 NAME
STREET ADORESS		53 STREET ADDRESS

ADDITIONS/CHANGES, TO OFFICERS AT	ID DIRECTO	RS IN 12
lice fres / Dinector	[] Change	Addition
Etricia E. Harrison		, -
5410 CAKWAY DR		
Lakeland Fl 33805		
Pres / Director	[] Change	Addition
Phillips		- (
of the CT		
winter Haven, A	_ 338	188
Winder Language	[]Change	Addition

☐ Change 400002902514 06/14/99--01001--003

\*\*\*\*\*61.25

[] Change

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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or truetoe enipowered to execute this report as required by Chapter 607, Florida Statutes, and that n y name appears in Block 12 or Block 13 if changed, sy on an attachment with an address, with all other like enipowered.

6.2 NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

Addition