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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102115 (7)

ALL CLEAN CARPET CARE, INC.

Principal Place of Business Mailing Address

## **FILED** May 04 1998 8:00am Secretary of State



DO DOV SI2400		DV DV EINA						
P.O. BOX 512428 PUNTA GORDA FL 33951			P.O. BOX 512426 PUNTA GORDA FL 33951					
			•			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 12/01/1997		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				65-0798547 Not Applicable		
Sulte, Apt.	. #, etc.	Suite, Apt #, etc	<del> </del>			Certificate of Status Desired		
City & Stai	le	City & State	<del>  </del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Cοι <b>30</b>	intry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes □ No		
g, Name and Address of Current Registered Agent 10. Name and Add						10. Name and Address of New Registered Agent		
COUNTRYMAN, GLENN				81	Name			
1006 LUCIA DRIVE Punta gorda FL 33950				82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
, , ,	NITTO WALLEY I E GARAA			83				
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	tatutes, the a	bove d hv	e-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
agent. I am femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature typed or printed name of registered a	and and tile departments	ANOTE Projetoro	al Age	od s analysa so	rquired when reinstating) DATE		
12,		ND DIRECTORS	13.	o Age	an agradue let	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE		TLE		☐ Change ☐ Addition		
NAME	COUNTRY, GLENN		1.2 N	AME				
STREET ADDRESS	1006 LUCIA DRIVE		1.3 STR		ADDRESS			
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY-ST-2(P		T-2IP			
THILE		DELETE	DELETE 2.1 TITLE			☐ Change ☐ Addition		
NAME			2.2 N					
STREET ADDRESS			2.3 STREET ADDRE		ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE	DELETE 3.1 TO			☐ Change ☐ Addition		
NAME			3.2 N	4ME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY - ST - ZIP			3.4. CF		ST-ZIP			
TITLE		☐ DELETE	4.1 7	TLE		Change Addition		
NAME	1		4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		T occurr			T-ZiP	Change T Addition		
TITLE		DELETE				Change Addition		
NAME			5.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	<b></b>	DELETE			T-ZIP	☐ Change ☐ Addition		
TITLE	1	L. VELETE				Li Grange Li Addition		
NAME			6.2 N		I DDDGGG			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	1		6.4 C	TY-S	T-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.