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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000102278 (3)

1. Corporation Name
CONQUEST CLEANING, INC.



Principal Place of Business

C/O JEFFERSON F. RIDDELL, PA
3400 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

C/O JEFFERSON F. RIDDELL, PA
3400 S. TAMiami TRAIL
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 1544 MARKET CIRCLE | | 26 P.O. Box 381044 | | 12/02/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 BLDG 10 UNIT 10 | | 27 | | 65-0801816 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 PORT CHARLOTTE FL | | 28 MURDOCK FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 33953 | | 29 33938 | | 30 USA | |

9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F
3400 SOUTH TAMiami TRAIL
SARASOTA FL 34239

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|---------------------|
| 81 Name | MARK C. STEVENS |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 558 SPRINGLAKE BLVD |
| 83 | |
| 84 City | PORT CHARLOTTE FL |
| 85 Zip Code | 33952 |

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 *Mark C. Stevens* MARK C. STEVENS / VICE PRESIDENT 4/27/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUSAN K. KNAUS | 1.2 NAME | |
| STREET ADDRESS | P.O. Box 381052 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MURDOCK FL 33938 | 1.4 CITY - ST - ZIP | |
| TITLE | VICE - PRESIDENT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARK C. STEVENS | 2.2 NAME | |
| STREET ADDRESS | 558 SPRINGLAKE BLVD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT CHARLOTTE FL 33952 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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: *Mark C. Stevens* MARK C. STEVENS / VICE PRESIDENT 4/27/98 766-8646 (641)

CP2E034 (10/97)