

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90216 042 ***150.00

DOCUMENT # P97000102372

1. Corporation Name

MCT COMMERCIAL CLEANING, MAINTENANCE & SUPPLY, I
NC.

Principal Place of Business

8283 DEERBROOK CIRCLE
SARASOTA FL 34238

Mailing Address

PO BOX 1054
OSPREY FL 34229
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

65-0798133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4360 Winter Circle

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Apt 2812

28 City & State

23 Sarasota, FL

29 City & State

24 Zip 34238

30 Country

Country

Country

9. Name and Address of Current Registered Agent

PEAL, GARY W
2070 RINGLING BOULEVARD
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name Daniel Prewett
82 Street Address (P.O. Box Number is Not Acceptable)

83 5777 Beneva Rd Sw

84 City Sarasota

FL 85 Zip Code 34233

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] DANIEL PREWETT

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KELLY, MICHAEL S
STREET ADDRESS 4360 WINNERS CIRCLE, #2812
CITY-ST-ZIP SARASOTA FL 34238

1.1 TITLE Pres/Treas/Sec ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS Same
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BLANKENSHIP, THOMAS E
STREET ADDRESS 4360 WINNERS CIRCLE, #2812
CITY-ST-ZIP SARASOTA FL 34238

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME FOGE, ELIZABETH A
STREET ADDRESS 8283 DEERBROOK CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature] MICHAEL S KELLY

4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

048253