

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**  
**Sep 24, 1998 8:00 am**  
**Secretary of State**

DOCUMENT # P97000102372 (4)

1. Corporation Name  
 MCT COMMERCIAL CLEANING, MAINTENANCE & SUPPLY, I NC.



Principal Place of Business: DEERBROOK CIRCLE FL 34238  
 Mailing Address: 8283 DEERBROOK CIRCLE SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1997

4. FEI Number: 65-0798133

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: DEERBROOK CIRCLE FL 34238

2a. Mailing Address: P.O. Box 1054

26. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

City & State: OSPREY, Florida.

28. City & State

29. Zip: 34229

30. Zip

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

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City: FL

85. Zip Code

I, the undersigned, being the duly authorized officer or registered agent of the above-named corporation, hereby certify that the information furnished on this statement is true and accurate and that I am a familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D <input type="checkbox"/> DELETE KELLY, MICHAEL S 4360 WINNERS CIRCLE, #2812 SARASOTA FL 34238	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> DELETE BLANKENSHIP, THOMAS E 4360 WINNERS CIRCLE, #2812 SARASOTA FL 34238	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D <input type="checkbox"/> DELETE FOGE, ELIZABETH A 8283 DEERBROOK CIRCLE SARASOTA FL 34238	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael S Kelly* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-98 941-921-2001  
 Date Daytime Phone #

CR2E034 (5/98)