

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

DOCUMENT # P97000102756

1. Corporation Name

SAFEGUARD STEAMPRESSURE CLEANING, INC.

Principal Place of Business

3116 E. BUSINESS HWY. 98  
PANAMA CITY FL 32401

Mailing Address

3116 E. BUSINESS HWY. 98  
PANAMA CITY FL 32401

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90029 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

59-3480862

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

9. Name and Address of Current Registered Agent

OWENS, CHRISTOPHER M  
3116 E BUSINESS HWY 98  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name Larry R Owens Jr.

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

83

84 City Welwa

FL

85 Zip Code 32465

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

*Larry R Owens*  
Signature, typed or printed name of registered agent and title if applicable.

President

*Larry R Owens*  
(NOTE: Registered Agent signature required when reinstating)

4-1-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME OWENS, CHRISTOPHER M  
STREET ADDRESS 3116 E BUSINESS HWY 98  
CITY-ST-ZIP PANAMA CITY FL 32401

☒ DELETE

TITLE VP  
NAME OWENS, DENNIS  
STREET ADDRESS 3116 E. BUSINESS HWY. 98  
CITY-ST-ZIP PANAMA CITY FL 32401

☒ DELETE

TITLE S  
NAME OWENS, ROBIN  
STREET ADDRESS 3116 E BUSINESS HWY 98  
CITY-ST-ZIP PANAMA CITY FL 32401

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Larry R Owens Jr.  
1.2 NAME  
1.3 STREET ADDRESS 535 Sesame St  
1.4 CITY-ST-ZIP Welwa FL 32465  
☐ Change ☐ Addition  
President

2.1 TITLE Amy Owens  
2.2 NAME  
2.3 STREET ADDRESS P.O. Box 1887  
2.4 CITY-ST-ZIP Welwa FL 32465  
☐ Change ☐ Addition  
VP

3.1 TITLE Melissa Owens  
3.2 NAME  
3.3 STREET ADDRESS P.O. Box 1887  
3.4 CITY-ST-ZIP Welwa FL 32465  
☐ Change ☐ Addition  
S

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED  
Signature and typed or printed name of signing officer or director

4-1-99  
Date

850-679-5160  
Daytime Phone #

CR2E034 (1/1/98)