

07121999-90005-037-\$150.00-\$150.00

ANNUAL REPORT ON OR BEFORE 06/15/99: \$150 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

07-12-1999 90005 037 \*\*\*150.00

P98000001232

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000001232**

Corporation Name

**MAX'S CLEANING & MAID SERVICE, INC**

99 AUG 17 AM 8:52

Principal Place of Business

8 EAST 7TH STREET  
PANAMA CITY FL 32401

Mailing Address

309 EAST 7TH STREET  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

59-3489516

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

8. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year

Intangible Personal Property

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

MARSHALL, MAX  
309 EAST 7TH STREET  
PANAMA CITY FL 32401

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

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when substituting)

DATE

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	P	<input type="checkbox"/>	DELETE
1	MAX MARSHALL		
1	309 E. 7th St.		
1	PANAMA CITY, FL 32401		
2		<input type="checkbox"/>	DELETE
3		<input type="checkbox"/>	DELETE
4		<input type="checkbox"/>	DELETE
5		<input type="checkbox"/>	DELETE
6		<input type="checkbox"/>	DELETE
7		<input type="checkbox"/>	DELETE

1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-STATE-ZIP				
2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-STATE-ZIP				
3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-STATE-ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-STATE-ZIP				
5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-STATE-ZIP				
6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-STATE-ZIP				

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-99 880-7859580

CR2004 (5/99)

309 East 7th St.  
Panama City, FL 32401

August 10, 1999

Florida Dept. of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

ATTN: Sean Toner

We did not receive the first notice and responded as soon as we received the second notice. We called your office and requested that the penalty be forgiven and were told that it would be.

We now ask again that you please forgive this penalty.

Thank you.

Sincerely yours,

MAX'S CLEANING & MAID SERVICE, INC.

Max Marshall

A handwritten signature in black ink that reads "Max Marshall". The signature is written in a cursive, flowing style.