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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90037 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000021443

1. Corporation Name

COMPLETE CLEANING CONTRACT INC

Principal Place of Business

5833 US HWY 19 N STE 6
NEW PORT RICHEY
FL 34652

Mailing Address

5833 US HWY 19 N STE 6
NEW PORT RICHEY
FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/98

4. FEI Number

59-3512305

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

21 1324 SEVEN SPRINGS BLV

Suite, Apt. #, etc.

22 STE 322

City & State

23 NEW PORT RICHEY FL

Zip

Country

24 34655

2a. Mailing Address

26 1324 SEVEN SPRINGS BLV

Suite, Apt. #, etc.

27 STE 322

City & State

28 NEW PORT RICHEY FL

Zip

Country

29 34655

30

9. Name and Address of Current Registered Agent

MARY GAWRON

19321-C US HWY 19 N STE 601
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

81 Name

DANUTA SENDRA

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

1324 SEVEN SPRINGS BLVD STE 322

83

84 City

NEW PORT RICHEY

FL

85

Zip Code

34655

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]

(NOTE: Registered Agent signature required when reinstating)

05/05/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P WALDEMAR BUDNIAK ☐ DELETE

NAME 5833 US HWY 19 N STE 6

STREET ADDRESS NEW PORT RICHEY FL 34652

CITY-ST-ZIP

TITLE VP DANUTA SENDRA ☐ DELETE

NAME 5833 US HWY 19 N STE 6

STREET ADDRESS NEW PORT RICHEY FL 34652

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

6333 FIORD WAY

1.3 STREET ADDRESS

NEW PORT RICHEY FL 34655

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

6333 FIORD WAY

2.3 STREET ADDRESS

NEW PORT RICHEY FL 34655

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/05/99

Daytime Phone #

CR2E034 (11/98)