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AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 15 PM 1:55

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000026798 1. Corporation Name PROCLEAN, INC.			
Principal Place of Business 647 CLARA AVE. PANAMA CITY BEACH FL 32407		Mailing Address 647 CLARA AVE. PANAMA CITY BEACH FL 32407	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date incorporated or Qualified 03/20/1998			
4. FEI Number 59-3558084		Applied For Not Applicable	
5. Certificate of Status Desired NO		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax.		Yes No	
8. Name and Address of Current Registered Agent JONES, JEFF (Active Officer) 647 CLARA AVE. PANAMA CITY BEACH FL 32407			
9. Name and Address of New Registered Agent			
10. Name and Address of New Registered Agent			
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NO Registered Agent signature required when submitting)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP David Reed 7505 Beach Dr. Panama City Beach FL 32407 DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE TITLE NAME STREET ADDRESS CITY-STATE-ZIP DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE Active Officer 12 NAME President: Jeff Jones 13 STREET ADDRESS 647 Clara Ave PCB, FL 32407 14 CITY-STATE-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE 61.25

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5. Certificate of Status Desired NO	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax.	Yes No
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100. Name and Address of New Registered Agent	

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 change, or of individual member with an address with another like empowered.

SIGNATURE: _____

SIGNATURE (PRINT NAME OF SIGNING OFFICER OR DIRECTOR)

President 850-233-7990

CR2E034 (11/98)