CORPORATION ANNUAL REPORT



Rathering Harris

Secretary of State ...

DIVISION OF CORPORATIONS

1999 (

Jun 22, 1999 8:00 am Secretary of State 06-22-1999 90005 022 ***150.00

MARY'S FIRST CLASS CLEANING SYC. INC 34 NARCISSUS DRIVE DEBARY FL. 327/3 Principal Place of Business				DAGING INT					
34. NARCISSUS DE. DEBARY, FL. 32713				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
					S. Date MCD 198	1 100			
2. Principal Place of Business	2a. Mailing Address			, <u></u>	4. FEI Number	Ар	plied For		
21 Same	~····				59-3514158		t Applicable		
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee-Re			
City & State					6. Election Campaign Financing	\$5.00			
23	28				Trust Fund Contribution	Added to	, ,		
-ZipCountry	Zip	Cou	ntry -		8. This corporation owes the current year to				
24 25 4.5	. 29 3	<u> </u>	<u>، ب</u>	7	Personal Property Tax.		™ No		
B. Name and Address of	Current Registered Agent		041	<u> </u>	10. Name and Address of New Registered	Agent			
·· Mary E. Wo	a leu	- 1	81	Name					
		- 1	82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
34 Marcissi	us ar		83		· · · · · · · · · · · · · · · · · · ·				
Do Bon 1	こしょうつね	[
Jebary, 1	F1. 3& 110		84	City	FL	85 Zip C	ode		
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes,	the at	bove-i	named corp	oration submits this statement for the purpose of	changing its	registered		
iffice or registered agent, or both, in the agent, I am familiar with, and accept the	State of Florida. Such change was auth	nonzed	by th	e corporation	on's board of directors. I hereby accept the appo	intment as reg	pistered		
SIGNATURE									
Signature, typed or printed name of regist		_	Agent s	gnature required	d when nerretating) DATE		50,000		
	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12		
mary E.W	DOTELY OF	1.1 TIT					3		
NAME 311 NO CO 3C	TADDRESS 34 Marcissus Dr. tresident			ODRESS			} }		
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NAME .		2.2 NA	ME						
STREET ADDRESS				ODRESS					
			2,4 CITY-ST-ZIP						
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.NAME									
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NAME		5.2 NAA		ļ					
STREET ADDRESS		5.3 STR	REET AD	DORESS			ļ		
CITY-ST-ZIP		5.4 CIT	Y-57-Z	DP					
TITLE	☐ DELETE	6.1 TITE	E			Change	Addition		
NAME		6.2 NAM	ME.						
STREET ADDRESS		6.3 STR							
CITY-ST-ZIP		6.4 C/T					<u> </u>		
14. I hereby certify that the information supplement on this applies to the supplement of the suppleme	ied with this filing does not qualify for the	e exem	ption	stated in S	ection 119.07(3)(i), Florida Statutes. I further cents shall have the same legal effect as if made under	ary that that I	nounauch am an		

SIGNATURE: