

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90202 038 ***150.00

DOCUMENT # P98000074779

1. Corporation Name

EXPRESS CARPET CARE OF PINELLAS, INC.



Principal Place of Business
10600 4TH STREET, APT 1103
ST PETERSBURG FL 33716

Mailing Address
10600 4TH STREET, APT 1103
ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

APPLIED FOR

☒ 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 25 BELCHER RD. N.

Suite, Apt. #, etc.

22 # C98

City & State

23 CLEARWATER, FL

Zip

24 33765

Country

25 U.S.A.

2a. Mailing Address

26 25 BELCHER RD. N.

Suite, Apt. #, etc.

27 # C98

City & State

28 CLEARWATER, FL

Zip

29 33765

Country

30 USA

9. Name and Address of Current Registered Agent

TURKNETT, JESSIE V
10600 4TH STREET, APT 1103
ST PETERSBURG FL 33716

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TURKNETT, JESSIE V
STREET ADDRESS 10600 4TH STREET, APT 1103
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ DELETE

TITLE STD
NAME TURKNETT, LEROY III
STREET ADDRESS 10600 4TH STREET, APT 1103
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME TURKNETT, JESSIE
1.3 STREET ADDRESS 25 BELCHER RD. N # C98
1.4 CITY-ST-ZIP CLEARWATER, FL 33765

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME TURKNETT, LEROY III
2.3 STREET ADDRESS 25 BELCHER RD. N. # C98
2.4 CITY-ST-ZIP CLEARWATER, FL 33765

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: X

Leroy Turknett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
Treasurer

4/24/99

727-398-4824
Date Daytime Phone #

CR2E034 (11/98)