Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90038 019 ***150.00

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**

DOCUMENT # P98000076372

1. Corporation Name

TOMMY'S PROFESSIONAL WINDOW CLEANING, INC.

1 OMMET A	5 PHOPESSIONAL WINDOW	CLEANING, INC.					
Principal Place of Business Mailing Address						3818 61188 11111 11	1010 1101 1001
7581 118TH TERR N 7581 118TH TERR N					•		
LARGO FL 33773 LARGO FL 33773					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	SPACE	
					08/31/1998		ĺ
2. Principal Pl	2a. Mailing Address	na Address		4, FEI Number	Apr	plied For	
21 THICIPALL	ace of Business	26		59-35393/2	Not	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5,∞Certificate of Status Desired -□ -	\$8.75 A		
22 City & State		City & State		6, Election Campaign Financing	\$5.00	May Bo	
23 🕅		28		Trust Fund Contribution	Added to		
Zip	Country	Zip	Country		8. This corporation owes the current year Int		
24 4	25 29 3		o		Personal Property Tax.		ØNo _
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
ABOUT TOURING B				Name			
ODOM, TOMMY R 7581 118TH TERR N			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
LARGO FL 33773			83				
	.0 1 2 00//0	•	63				
			84	City	FL	85 Zip C	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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
├	Signature, typed or printed name or registered agent OFFICERS AND		13.	ir aignatura raquar	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
12.	D OFFICERS AND	DELETE 1.1 π			ADDITIONAL TRACES TO S. F. FEELO VI.	☐ Change	☐ Addition
	ODOM, TOMMY R	·	1.2 NAME				
NAME .	7581 118TH TERR N		1.3 STREET	Annece .			
STREET ADDRESS	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1.4 CITY-S]
CITY-ST-ZIP			2.1 TITLE	1-21		Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	The state of the s		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	The state of the s		
TITLE	DELETE 3.1 TI		3.1 TITLE		,	Change	Addition
NAME .			3.2 NAME	İ	,		
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		- December	3.4. CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Orlange	
NAME	,		4. 2 NAME				İ
STREET ADDRESS			4.3 STREET 4.4 CITY-ST	- 1			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-ZIP		Change	☐ Addition
NAME		- PLILLIP	5.1 IIILE 5.2 NAME			•	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·		

14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition