FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000080045 BRITE LITES WINDOW CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90112 038 ***150.00



TALLAHASSEE	ROAD FL 32310	3112 SUMMIT ROAD TALLAHASSEE FL 32310					DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorpora 09/16/1998				
2. Principal Pl	lace of Business	2a. M	Mailing Address			4. FEI Number			1	Applied For
1		26				59-3	3532629		, , l	Not Applicable
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.			E Cartifonto of C	tatus Desired		\$8.75	Additional
2		27				5. Certifcate of S	tatus Desireu		Fee f	Required
City & State	е		City & State			6. Election Camp	aign Financing		\$5.0	May Be
3		28				Trust Fund Co	ntribution		Added	to Fees
Zip	Country	Z	ip	Cou	intry	8. This corporation	on owes the cur	rent year In	tangible	
4	25	29	[;	30		Personal Prop	erty Tax.		☐ Yes	₩No
	9. Name and Address of Curr	rent Registe	red Agent			10. Name and Ad	dress of New	Registered	Agent	
					81 Name					
	/E, CARLIS E				82 Street A	Address (P.O. Box Number	er is Not Accept	able)		
	SUMMIT ROAD				300007	access (1.0. Dox Hambe				
TALL	AHASSEE FL 32310				83					
					A4 50		,		05 7:-	Codo
					84 City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607	1508 Florida Statute	s, the a	bove-named o	corporation submits this s	tatement for the	purpose of	changing i	ts registered
office or re	egistered agent, or both, in the Stat	ite of Florida.	. Such change was au	thonzed	by the corpo	ration's board of directors	s. I hereby acce	pt the appo	intment as	registered
agent. I a	m familiar with, and accept the obli	igations of, S	ection 607.0505, Fiori	da Stati	utes.					
SIGNATURE			(NOTE: I	Desistand	Agent signature re	equired when reinstating)		DATE		
12.	Signature, typed or printed name of registered a OFFICERS A			13.	Agent signature re	ADDITIONS/CH	IANGES TO OF		ND DIRECT	ORS IN 12
	OFFICERS	AND DINCO	☐ DELETE	_	TED /m /a				Change	
TITLE			La becara	1.2 N	TLE P/T/S	Rowe, Carlis	. K			
NAME				1.2 10	WIL	MOWC, CALLE				
				42.07	DEET ADDDESS		บส			
STREET ADDRESS					TREET ADDRESS	3112 Summit		0		
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			☐ DELETE	1.4 CI 2.1 TI	TY-ST-ZIP TLE	3112 Summit		.0	Change	e Addition
CITY-ST-ZIP			☐ DELETE	1.4 CI	TY-ST-ZIP TLE	3112 Summit		.0	Change	e Addition
CITY-ST-ZIP TITLE			☐ DELETE	1.4 CI 2.1 TI 2.2 N/	TY-ST-ZIP TLE	3112 Summit		.0	☐ Change	e Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	1.4 CI 2.1 TF 2.2 N/ 2.3 S1	TY-ST-ZIP TLE AME TREET ADDRESS	3112 Summit		.0	☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C	TY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE	3112 Summit		.0		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				1.4 CI 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/	TY-ST-ZIP TLE AME TREET ADDRESS STY-ST-ZIP TLE	3112 Summit		.0		
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Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I harmer 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 fike empowered.