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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90255 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Worrig
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Dust To Dawn Cleaning Service Inc.

Principal Place of Business

213 N. 14th St. Suite #104
Leesburg, FL.
34749

Mailing Address

P.O. Box 493333
Leesburg, FL.
34749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/98

4. FEI Number

59-3565258

☒ 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 **213 N. 14th St.**

Suite, Apt. #, etc.

22 **Suite #104**

City & State

23 **Leesburg FL.**

Zip

24 **34749**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 493333**

Suite, Apt. #, etc.

27 **Suite #104**

City & State

28 **Leesburg, FL.**

Zip

29 **34749**

Country

30 **USA**

9. Name and Address of Current Registered Agent

Patricia Ann Myers
40130 Camphor Rd.
Lady Lake, FL. 32159

10. Name and Address of New Registered Agent

81 Name **Annette Irene Northrop**
82 Street Address (P.O. Box Number is Not Acceptable)
213 N. 14th St.
83 **Suite #104**
84 City **Leesburg** FL 85 Zip Code **34749**

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 **Annette Irene Northrop** President

(NOTE: Registered Agent signature required when reinstating.) **Annette Irene Northrop** 3-30-99

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **P=President** ☒ DELETE

NAME **Patricia Ann Myers**
STREET ADDRESS **40130 Camphor Rd.**
CITY-ST-ZIP **Lady Lake, FL. 32159**

TITLE **T=Treasurer** ☒ DELETE

NAME **Patricia Ann Myers**
STREET ADDRESS **40130 Camphor Rd.**
CITY-ST-ZIP **Lady Lake, FL. 32159**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P=President** ☒ Change ☐ Addition

1.2 NAME **Annette Irene Northrop**
1.3 STREET ADDRESS **213 N. 14th St. Suite #104**
1.4 CITY-ST-ZIP **Leesburg, FL. 34749**

2.1 TITLE **V=Vice President** ☐ Change ☒ Addition

2.2 NAME **Matthew Key Scales**
2.3 STREET ADDRESS **213 N. 14th St. Suite #104**
2.4 CITY-ST-ZIP **Leesburg, FL. 34749**

3.1 TITLE **T=Treasurer** ☐ Change ☒ Addition

3.2 NAME **Matthew Key Scales**
3.3 STREET ADDRESS **213 N. 14th St. Suite #104**
3.4 CITY-ST-ZIP **Leesburg, FL. 34749**

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: **Annette Irene Northrop** Annette Irene Northrop 3/30/99 (352) 326-9115

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)