

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90115 008 ***150.00

DOCUMENT # **P98000098513**

1. Corporation Name

SIMEON CLEANING SERVICE INC.

Principal Place of Business

**18100 WELLS ROAD
NORTH FORT MYERS FL 33917**

Mailing Address

**18100 WELLS ROAD
NORTH FORT MYERS FL 33917**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1998

4. FEI Number

65-0882020

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 1512 CORDOVA AVE

2a. Mailing Address

26 POB 3093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33901 **25 Lee**

Zip

29 33918 **30 Lee**

9. Name and Address of Current Registered Agent

**SIMEONOV, SIMEON I
18100 WELLS ROAD
NORTH FORT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name

SIMEONOV, SIMEON I.

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

1512 CORDOVA AVE

83

84 City

FORT MYERS

FL

85 Zip Code

33901

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

3/3/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **SIMEONOV**

STREET ADDRESS **18100 WELLS RD**

CITY-ST-ZIP **N. FORT MYERS, FL, 33917** ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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. TITLE **P** ☒ Change ☐ Addition

2. NAME **SIMEONOV**

3. STREET ADDRESS **1512 CORDOVA AVE**

4. CITY-ST-ZIP **FORT MYERS, FL, 33901** ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

941-543-2133

Daytime Phone #

CR2E034 (11/98)