

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S08575

(0)

95 JUN 16 AM 11:01

1. Corporation Name

PIONEER WEST CLEANING SERVICE, INC.

Principal Place of Business

Mailing Address

**224 ECHO CIRCLE
FORT WALTON BEACH FL 32548**

**224 ECHO CIRCLE
FORT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3047876

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

22

27

Trust Fund Contribution

☐

23

28

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, MARGIE D.
224 ECHO CIRCLE
FT. WALTON BEACH, 32548**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

JAMES, DAN A.

STREET ADDRESS

224 ECHO CIRCLE

CITY - ST - ZIP

FT. WALTON BCH FL

1. TITLE

☐

Change

☐

Addition

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

☐

Change

☐

Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

☐

Change

☐

Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

☐

Change

☐

Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

☐

Change

☐

Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

☐

Change

☐

Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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.

SIGNATURE:

DAN A. JAMES

Dan A. James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95

862-8540 (904)