

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S21925** (0)
1. Corporation Name
PLC CLEANING SERVICES, INC.

APPROVED
AND
FILED

95 APR 28 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5067 SW 88 TERRACE
COOPER CITY FL 33328**

Mailing Address
**5067 SW 88 TERRACE
COOPER CITY FL 33328**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3047300	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
☒ This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**CARLTON, PAULA L.
5067 SW 88 TERRACE
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

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 the 4 applicable

(Initials) Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CARLTON, PAULA L.	12 NAME	
STREET ADDRESS	5067 SW 88 TERRACE	13 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	14 CITY ST ZIP	
TITLE	TM	21 TITLE	☐ Change ☐ Addition
NAME	CARLTON, PAULA L.	22 NAME	
STREET ADDRESS	5067 SW 88 TERRACE	23 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	24 CITY ST ZIP	
TITLE	SV	31 TITLE	☐ Change ☐ Addition
NAME	CARLTON, PAULA L.	32 NAME	
STREET ADDRESS	5067 SW 88 TERRACE	33 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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

Paula L. Carlton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305-434-8207