

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montherm Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAR - 9 PM 3: 56

DOCUMENT # S25433 (1)
 1. Corporation Name
D & S CLEANING SERVICES, INC.

Principal Place of Business 7228 ARBOR VIEW LANE NEW PORT RICHEY FL 34653	Mailing Address 7228 ARBOR VIEW LANE NEW PORT RICHEY FL 34653
---	---

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/15/1991	3a. Date of Last Report 05/01/1994
4. FBI Number 59-3043764		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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No					

9. Name and Address of Current Registered Agent MARTIN, MARIE 5331 COMMERCIAL WAY SUITE 106 SPRING HILL FL 34606	10. Name and Address of New Registered Agent 81 Name Stanley Szymczak 82 Street Address (P.O. Box Number is Not Acceptable) 83 7228 Arbor View Lane 84 City New Port Richey FL 85 Zip Code 34653
--	--

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 Stanley Szymczak Sec. Tices. DATE 3-6-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	YSO	1.1 TITLE	☐ Change ☐ Addition
NAME	SZYMCZAK, STANLEY	1.2 NAME	
STREET ADDRESS	7228 ARBOR VIEW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, MARIE	2.2 NAME	
STREET ADDRESS	5280 DELTONA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	SARGEANT, DEBORAH	3.2 NAME	
STREET ADDRESS	10045 RED FOX DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 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: Stanley Szymczak Sec. Tices. DATE 3-6-95
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR