

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 18, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

CORPORATION  
 ANNUAL REPORT  
 1994



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
 AND  
 FILED**

DOCUMENT # **S25779 (7)**

95 MAY 15 PM 11:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Corporation Name  
**R. C. CLEANING SERVICES, INC.**

Mailing Address  
**5140 PALM HILL DR.  
 #N248  
 WEST PALM BEACH FL 33415**

Principal Place of Business  
**5140 PALM HILL DR.  
 #N248  
 WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/17/1991</b>		3a. Date of Last Report <b>05/01/1993</b>	
4. FEI Number <b>65-0241715</b>		Applied For Not Applicable	
5. Certificate of Status Desired <b>\$8.75</b> <input type="checkbox"/> <small>Added to Fees Required</small>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CHISHOLM, RICHARD                  5140 PALM HILL DRIVE                  N248                  WEST PALM BEACH FL 33415</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<b>D</b>	11 TITLE		11 TITLE		11 TITLE	
12 NAME	<b>CHISHOLM, RICHARD</b>	12 NAME		12 NAME		12 NAME	
13 STREET ADDRESS	<b>5140 PALM HILL DR.#N248</b>	13 STREET ADDRESS		13 STREET ADDRESS		13 STREET ADDRESS	<b>60000 1430416</b>
14 CITY - ST - ZIP	<b>W. PALM BEACH FL</b>	14 CITY - ST - ZIP		14 CITY - ST - ZIP		14 CITY - ST - ZIP	<b>-05/17/95--01037--014</b>
21 TITLE		21 TITLE		21 TITLE		21 TITLE	<b>****225.00 ****225.00</b>
22 NAME		22 NAME		22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS	
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34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP	
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42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP		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 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Chisholm* DIRECTOR *4/24/95 907-433-4273*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR