FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27595 (5)

1. Corporation Name
CLEANING CONNECTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~7340 ST. IVES~~ ~~UNIT 3309~~ ~~NAPLES FL 33942~~	~~7340 ST. IVES~~ ~~UNIT 3309~~ ~~NAPLES FL 33942~~

3. Date Incorporated or Qualified: 01/24/1991
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business	2a. Mailing Address
21 10880 LONGSHORE WAY, W	26 10880 LONGSHORE WAY, W
Suite, Apt. #, etc 22 NAPLES, FL	Suite, Apt. #, etc 27 NAPLES, FL
City & State 23	City & State 28
Zip 24 33999 County 25 COLLIER	Zip 29 33999 County 30 COLLIER

4. FEI Number: 65-0244552 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEINKET, BARBARA J. ~~7340 ST. IVES~~ ~~UNIT 3309~~ ~~NAPLES FL 33942~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10880 LONGSHORE WAY, WEST 83 84 City NAPLES FL 85 Zip Code 33999

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: Barbara Meinket DATE ✓
(Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ST. GERMAIN, NANCY E.	12 NAME	
STREET ADDRESS	~~7340 ST. IVES, UNIT 3309~~	13 STREET ADDRESS	10880 LONGSHORE WAY, W
CITY ST ZIP	~~NAPLES FL~~	14 CITY ST ZIP	NAPLES, FL 33999
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MEINKET, BARBARA J.	22 NAME	
STREET ADDRESS	~~7340 ST. IVES, UNIT 3309~~	23 STREET ADDRESS	10880 LONGSHORE WAY, W
CITY ST ZIP	~~NAPLES FL~~	24 CITY ST ZIP	NAPLES, FL 33999
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barbara Meinket Barbara J. Meinket ✓ 813 594 8876
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0482370 FP