Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90025 020 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation	Name # 534/9/					
MIDDLET	ron's Clean up Service	, INC.				
			, -			
Principal Place	e of Business	Mailing Address		i inntinin inn tiete deuts indit inne tant niete a	Wait ason eren er	1811 81811 1881
P.O. BOX 855 AUBURNDALE FL 33823 P.O. BOX 855 AUBURNDALE FL 33823		P.O. BOX 855	J.			
		AUBURNDALE FL 33823		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
	•			02/28/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-3064815	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Red	quired
City & Stat	e .	City & State		6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24	25	29	o	Personal Property Tax.		<u>□1√0</u>
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
FULL	DIFTON BACEL CAV		81 Name	liddle Ton Baseh FA	V	
MIDDLETON, BASEL FAY			82 Street Add	tress (P.O. Box Number is Not Acceptable)	17.1	
969 BERKLEY RD AUBURNDALE FL 33823			87	16-9 LAKE MUNYTLE	Rd.	
AUD	UNINDALE PL 33023		83	,		
			84 City		85 Zip C	ode
				abunadale FL		823
office or r	egistered agent or both in the State.	of Florida. Such change was auti	norized by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its intment as reg	registereo jistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.	•		-
SIGNATURE						
		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTO	RS IN 12	
12.	PD .	DELETE	1.1 TITLE	ADDITIONAL OF THE OF THE ADDITIONAL OF THE ADDIT	Change	[] Addition
TITLE	MIDDLETON, EULA MARIE		1.2 NAME			_
NAME	P.O. BOX 855 N/A	¢	1.3 STREET ADDRESS			
STREET ADDRESS	AUBURNDALE FL			•		
CITY-ST-ZiP	STD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	-	Change	Addition
TITLE	I	_ been	2.2 NAME			_
NAME	MIDDLETON, BASEL FAY P.O. BOX 855 N/A		2.3 STREET ADDRESS	•		
STREET ADDRESS	1		1			
CITY-ST-ZIP	AUBURNDALE FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE			3.2 NAME			
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME	·		
STREET ADDRESS			4.3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	· .	☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME		-	
_STREET ADDRESS	· .		5,3 STREET ADDRESS	ے۔ عالم اللہ اللہ اللہ اللہ اللہ اللہ اللہ ا	•	
CITY-ST-ZIP=			5.4 CITY-ST-ZIP			
TITLE		☐ OELETE	6.1 TITLE		Change	☐ Addition
NAME		- - -	6.2 NAME			
STREET ADDRESS	·		6.3 STREET ADDRESS			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #