## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S46028 1. Corporation Name

CITY-ST-ZIP

AMAZ-ALL KLEAN CHEMICAL INDUSTRIES, INC.

Principal Place of Business		Mailing Address			1 10011410 (81 01014 01111 008110 11001 109		i Ary Andri (20)
110 MYRTLE LANE		110 MYRTLE LANE					
PLANT CITY FL 33565		PLANT CITY FL 33565 US		DO NOT WRITE IN THIS SPACE			
03		US			3. Date Incorporated or Qualifed	11110 01 1102	
					04/16/1991		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21		26			59-3058533	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				Fee Rec	
City & Stat	ie.	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 # Added to	•
Zip	Country		Cour	ntry	g. This corporation owes the current y		7
24	25	29	30		Personal Property Tax.		□No
24	9. Name and Address of Curr		-1991		10. Name and Address of New Regis	tered Agent	
				81 Name			
	CH, ULYSUSE LEE		-	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	<del></del>	<del>.</del>
	MYRTLE LANE				3 - 4 - 5 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5	1 1 1 4 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	<u> </u>
PLANT CITY FL 33565				83	1971年177年17日本 1981年 日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本		
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				•		FL	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute of Florida, Such change was	ites, the ab	ove-named corp by the corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its reactions are appointment as rea	egistered istered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statu	ites.	,		
SIGNATURE						-75	
40	Signature, typed or printed name of registered a	agent and title if applicable. (NOT AND DIRECTORS	TE: Registered /	Agent signature require	ADDITIONS/CHANGES TO OFFICE	ATE	2S IN 12
12.	P	DELETE	1.1 TITU	LE Î	ADDITIONS/CHANGES TO OFFICE	☐ Change	☐ Addition
NAME	FUTCH, ULYSUSELEE	_	1.2 NA	1	Table September 1994		
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CITY-ST-ZIP	PLANT CITY FL		1	Y-ST-ZIP			
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CITY-ST-ZIP	PLANT CITY FL			1		☐ Change	☐ Addition
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NAME	· ·	☐ DELETE	2.3 STF	ME REET ADORESS TY-ST-ZIP		☐ Change	Addition
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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

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90011 028 \*\*\*150.00