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

	OCUMENT	#	S47	' 11	4
1	Corporation Name		U	•	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

QUALTECH CLEANING, INC.

Principal Place of Business	Mailing Address
3374 GARBER DR.	3374 GARBER DR.
TALLAHASSEE FL 32303	TALLAHASSEE FL 32303

9. Name and Address of Current Registered Agent

Country

25

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/16/1991 4. FEI Number

59-3060746

RUSH, JAMES B.				OD OU A 4 14 (D O D-u N) ber in Net Associable)							
3374 GARBER DR.			82	Street	Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32303			83	t							
						1. 1 = .					
			84	City	F	85 Zip C	ode				
11 Durquent	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	! e-named :	corporation submits this statement for the purpose	of changing its	registered				
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 Streeture, bread or conted pame of registered event and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	tt signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12				
	PTD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONO/OTATIVOZO FO CEL JOZNO	Change	Addition				
TITLE	· · · ·	O DECETE					_				
NAME	RUSH, JOYCE B.		1.2 NAME				ł				
STREET ADDRESS	3374 GARBER DR.			FADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL	Del exe	1.4 CITY-S	T-ZIP		☐ Change	Addition				
TILE	VSD	☐ DELETE	2.1 TITLE			☐ cliarige					
NAME	RUSH, JAMES B.		2.2 NAME	ĺ							
STREET ADORESS	3374 GARBER DR.		2.3 STREE	TADDRE\$\$							
CITY-ST-ZIP	TALLAHASSEE FL	· · · · · · · · · · · · · · · · · · ·	2:4 CITY-5	T-ZIP	<u>, </u>		~ -				
TITLE	T	DELETE	3.1 TITLE	ì	Treasurer	☐ Change	Addition				
NAME	NEAFSEY, MARK C		3.2 NAME		Terrel I. Widner						
STREET ADDRESS	1808 MERIADOC RD		3.3 STREE	TADDRESS	2002-A Bradford Ct.						
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4. CITY-5	T-ZIP	Tallahassee, FL 32303						
TITLE		☐ DELETE	4.1 TITLE		•	☐ Change	☐ Addition				
NAME			4.2 NAME	1			{				
STREET ADDRESS		•	4.3 STREE	T ADDRESS			ĺ				
City-St-ZIP			44 CITY-S	T-ZiP							
TITLE		□ DELETE	51 TITLE			☐ Change	☐ Addition				
NAME			5.2 NAME			•	ì				
STREET ADDRESS			5.3 STREE	TADDRESS			ĺ				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			i				
TITLE		☐ DELETE	6.1 शTLE			Change	☐ Addition				
NAME	•		6.2 NAME	ĺ			}				
STREET ADDRESS	P. Par	•	6.3 STREE	TADDRESS	•		İ				
CITY-ST-ZIP			6.4 C/TY-S	T-ZIP							
14. I hereby c	pertify that the information supplied with	this filing does not qualify for t			in Section 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation				

Country

81 Name

30

indicated on this annual report or supplied with his liming does not qualify for the exemption stated in Section 119.07(3)(f), 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.