

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

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S50313

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S50313
1. Corporation Name
BUTLER'S PRESSURE CLEANING, INC.

Principal Place of Business Mailing Address
1703 WHARF LANE 1703 WHARF LANE
GREEN ACRES FL 33463 GREEN ACRES FL 33463
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2616 Bridgeman Rd	26 2616 Bridgeman Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State W.P.B. FLA	28 City & State W.P.B. FLA
24 Zip 33409	29 Zip 33409
25 Country U.S.	30 Country U.S.

3. Date Incorporated or Qualified
05/02/1991

4. FEI Number
65-0264944

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year tangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BUTLER, STEVE G.
1703 WHARF LANE
GREEN ACRES FL 33463

*2616 Bridgeman Rd
West Palm Beach, FL 33409*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, STEVE G.	1.2 NAME	
STREET ADDRESS	1703 WHARF LANE	1.3 STREET ADDRESS	<i>2616 Bridgeman Rd</i>
CITY-ST-ZIP	GREEN ACRES FL 33463	1.4 CITY-ST-ZIP	<i>W.P.B. FLA 33409</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 a letter like empowered.

SIGNATURE: Steve G Butler Date: 4-19-99 Daytime Phone #: 561-686-6978

CR2E034 (1/98)