FILE NOW: FILING FEE AFTER MAY 1 IS $15.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S62723 (9)

1. Corporation Name

BUZZY B CLEANING COMPANY

Principal Place of Business	Mailing Address
6308 MIDNIGHT PASS RD. VILLA #1 SARASOTA FL 34242	6308 MIDNIGHT PASS RD. VILLA #1 SARASOTA FL 34242

2. Principal Place of Business		2a. Mailing Address	
21	5920 BRIARWOOD AVE.	26	5920 BRIARWOOD AVE
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	SARASOTA, FL.	City & State 28	SARASOTA, FL.
Zip 24	34231	Zip 29	34231
Country 25	USA	30	USA

3. Date Incorporated or Qualified	06/24/1991
3a. Date of Last Report	06/05/1995
4. FEI Number	65-0268942
Applied For	
Not Applicable	X
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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GASEOR, MICHAEL J.
6308 MIDNIGHT PASS RD.
VILLA #1
SARASOTA FL 34242

10. Name and Address of New Registered Agent

31 Name	GASEOR, MICHAEL J
32 Street Address (P.O. Box Number is Not Acceptable)	5920 BRIARWOOD AVE
33	
34 City	SARASOTA, FL 85 Zip Code 34231

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: MICHAEL J. GASEOR — 4-30-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	GASEOR, MICHAEL J	
STREET ADDRESS	6308 MIDNIGHT PASS ROAD, VILLA 1	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5920 BRIARWOOD AVE	
1.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: MICHAEL J. GASEOR — 4-30-96 — (941) 387-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #