

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90174 009 ***150.00

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DOCUMENT # S79437

1. Corporation Name

CRYSTAL CLEAN PROFESSIONAL BUILDING MAINTENANCE,
INC.

Principal Place of Business

7091 PINNACLE DRIVE
SUITE D
FT. MYERS FL 33907
US

Mailing Address

P.O. BOX 61416
FT. MYERS FL 33906
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1991

4. FEI Number

65-0281095

Applied For
Not Applicable

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 Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARTING, DAVID C

~~18566 PHLOX DR.~~

FT. MYERS FL 33912

7101 Twin Eagle Lane

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME HARTING, DAVID C
STREET ADDRESS ~~18566 PHLOX DR.~~ → Chg. Address
CITY-ST-ZIP FT. MYERS FL 33912

TITLE S ☐ DELETE

NAME SLOSAR, SHARON A
STREET ADDRESS ~~18566 PHLOX DR.~~ → Chg. Address.
CITY-ST-ZIP FT. MYERS FL 33912

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 P ☒ Change ☐ Addition
1.2 NAME HARTING, DAVID C.
1.3 STREET ADDRESS 7101 TWIN EAGLE LANE
1.4 CITY-ST-ZIP FT. MYERS FL 33912

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME SLOSAR, SHARON, A
2.3 STREET ADDRESS 7101 TWIN EAGLE LANE
2.4 CITY-ST-ZIP FT. MYERS, FL. 33912

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99 941-936-7700

CR2E034 (11/98)