

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S79748** (7)

1. Corporation Name

TECHNIQUES CARPET CARE SYSTEM, INC.



Principal Place of Business

**7311 WESTMORELAND DRIVE
SARASOTA FL 34243**

Mailing Address

**7311 WESTMORELAND DRIVE
SARASOTA FL 34243**

3. Date Incorporated or Qualified
09/11/1991

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0287542

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, RICHIE

**1133 ANGELA MARIA ROAD
SARASOTA FL 34233**

← incorrect
address

81 Name

Crane, Richie

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

7311 Westmoreland Dr.

83

84 City

Sarasota

FL

85 Zip Code

34243

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

Richie L. Crane
Signature typed or printed name of registered agent and title if applicable

DP

(NOTE: Registered Agent Signature required when reinstating)

2/19/96
DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

CRANE, RICHIE

STREET ADDRESS

1133 ANGELA MARIA ROAD

CITY-STATE-ZIP

SARASOTA FL

TITLE

DV

☐ DELETE

NAME

CRANE, SHERRI

STREET ADDRESS

1133 ANGELA MARIA ROAD

CITY-STATE-ZIP

SARASOTA FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

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NAME

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STREET ADDRESS

☐ DELETE

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DV

☒ Change ☐ Addition

1.2 NAME

Crane, Sherri

1.3 STREET ADDRESS

7311 Westmoreland Dr.

1.4 CITY-STATE-ZIP

Sarasota, FL 34243

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

Sherri Crane

Sherri Crane V.P.

2/19/96 (941)351-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)