

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

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34243-1432**

3. Date Incorporated or Qualified
09/11/1991

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 **11420 Pine Lilly Place**

2a. Mailing Address

26 **11420 Pine Lilly Pl.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Bradenton, Florida**

24 **34202** 25 **USA**

27 City & State

28 **Bradenton, FL.**

29 **34202** 30 **USA**

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

**CRANE, RICHIE
7311 WESTMORELAND DR.
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name **Crane, Richie**
82 Street Address (P.O. Box Number is Not Acceptable) **11420 Pine Lilly Place**
83
84 City **Bradenton, FL** 85 Zip Code **34202**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CRANE, RICHIE	
STREET ADDRESS	1189 ANGELA MARIA ROAD new address	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CRANE, SHERRI	
STREET ADDRESS	7311 WESTMORELAND DR new address	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Crane, Richie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	11420 Pine Lilly Pl.	
1.3 STREET ADDRESS	Bradenton, FL. 34202	
1.4 CITY-ST-ZIP		
2.1 TITLE	Crane, Sherri	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	11420 Pine Lilly Place	
2.3 STREET ADDRESS	Bradenton, FL. 34202	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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

SIGNATURE: **Sherri E. Crane, Vice President** 1-2-96 239-9954 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)