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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85722** **(4)**

1. Corporate Name

E.V. CLEANING SERVICES, INC.

Principal Place of Business	Mailing Address
1341 FOX FORREST CIRCLE **APOPKA FL 32712**	**1341 FOX FORREST CIRCLE** **APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1991**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3083689**	☐ 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 annually filed since 1992 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): Street Address; Suite, Apt. #, etc. (22); City & State (23); Zip (24); County (25)

2a. Mailing Address (26): Street Address; Suite, Apt. #, etc. (27); City & State (28); Zip (29); County (30)

9. Name and Address of Current Registered Agent

VALERI, EMILIA R.
1341 FOX FORREST CIRCLE
SUITE 304
APOPKA FL 32712

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 Section 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if)	
1 TITLE	PTD	1 TITLE	☐ Change ☐ Addition
1 NAME	VALERI, EMILIA R.	1 NAME	
1 STREET ADDRESS	1341 FOX FORREST CIRCLE	1 STREET ADDRESS	
1 CITY ST ZIP	APOPKA FL	1 CITY ST ZIP	
2 TITLE	VSD	2 TITLE	☐ Change ☐ Addition
2 NAME	VALERI, CRESCENZO J.	2 NAME	
2 STREET ADDRESS	1341 FOX FORREST CIRCLE	2 STREET ADDRESS	
2 CITY ST ZIP	APOPKA FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. To the best of my knowledge, that the information contained herein is complete 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 above, or on an attachment with an X in Block 13.

SIGNATURE Emilia R. Valeri 4/30/95 407-884-8222

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — PHONE NUMBER

000783 CP