

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
George R. Westcott
Secretary of State
100 South Bronough Street, Tallahassee, FL 32304-0001

DOCUMENT # **S86987**

(2)

SUNSHINE EXPRESS CLEANING, INC.

APPROVED
AND
FILED

07 MAY - 1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Printed Name of Business		Street Address	
P.O. BOX 3251 VENICE FL 34290		P O BOX 3251 VENICE FL 34290	
2. Mailing Address		3a. Date Incorporated or Organized	
21		10/14/1991	
4. FEI Number		3b. Date of Last Report	
22		65-0289688	
5. City & State		5a. Date of Last Report	
23		05/01/1994	
6. Election Campaign Financing		6. City & State	
		24	
7. City & State		7. City & State	
25		26	
8. Florida Statutes		8. Florida Statutes	
27		28	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUEY, DOROTHY 680-LEMON BAY DRIVE VENICE FL 34293		81. Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		133 Stanford Road.	
		83.	
		84. City	
		FL	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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 responsibilities set forth in Chapter 607.1508 Florida Statutes.

SIGNATURE

Dorothy Huey President

5-1-95

12. OFFICES AND DIRECTORIES		13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORIES	
101. NAME	P HUEY, DOROTHY 131 STANFORD ROAD VENICE FL	1.1. OFFICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
101.1. STREET ADDRESS		1.2. NAME	
101.1. CITY/TOWN		1.3. STREET ADDRESS	
101.1. ZIP CODE		1.4. CITY/TOWN	
101.2. NAME		1.5. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101.2. STREET ADDRESS		1.6. NAME	
101.2. CITY/TOWN		1.7. STREET ADDRESS	
101.2. ZIP CODE		1.8. CITY/TOWN	
101.3. NAME		1.9. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101.3. STREET ADDRESS		2.0. NAME	
101.3. CITY/TOWN		2.1. STREET ADDRESS	
101.3. ZIP CODE		2.2. CITY/TOWN	
101.4. NAME		2.3. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101.4. STREET ADDRESS		2.4. NAME	
101.4. CITY/TOWN		2.5. STREET ADDRESS	
101.4. ZIP CODE		2.6. CITY/TOWN	
101.5. NAME		2.7. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101.5. STREET ADDRESS		2.8. NAME	
101.5. CITY/TOWN		2.9. STREET ADDRESS	
101.5. ZIP CODE		2.10. CITY/TOWN	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 1007.0608 Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it had been made under oath. I am an officer or director of this corporation or the owner or holder empowered to execute this report as required by Chapter 607.1508 Florida Statutes, and that my name appears on Block 12 or Block 13 changed or as an attachment with an affidavit.

SIGNATURE: *Diva Weatherly Neva Weatherly 5-1-95 813 492-5389*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

0486427

TP