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Apr 07 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 # **S89140** (5)

1. Corporation Name

DOUBLE CLEAN CARPET CLEANERS, INC.



Principal Place of Business

**5342 22ND AVE N
ST PETERSBURG FL 33710**

Mailing Address

**5342 22ND AVE N
ST PETERSBURG FL 33710-5123**

2. Principal Place of Business

21 5010 4th Street S.

Suite, Apt. #, etc.

2a. Mailing Address

26 5010 4th St. S.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, Fl.

Zip

Country

24 33705

25 pinellas

City & State

28 St. Petersburg, Fl.

Zip

Country

29 33705

30 Pinellas

3. Date Incorporated or Qualified

10/23/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3095901

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

JOHNSTON, SUSAN M.

5342 22ND AVE N

ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

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

5010 4th Street S.

83

84 City

St. Petersburg

FL

85 Zip Code

33705

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** ☐ DELETE
NAME **JOHNSTON, SUSAN M**
STREET ADDRESS **5342 22ND AVE N**
CITY-ST-ZIP **PETERSBURG FL**

TITLE **VP** ☐ DELETE
NAME **BASIL, RAYE MINOR**
STREET ADDRESS **5342 WYND AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

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 **DP** ☒ Change ☐ Addition
1.2 NAME **Johnston, Susan M.**
1.3 STREET ADDRESS **5010 4th St. S.**
1.4 CITY-ST-ZIP **St. Petersburg, Fl. 33705**

2.1 TITLE **vp** ☒ Change ☐ Addition
2.2 NAME **Minor, Basil Raye**
2.3 STREET ADDRESS **5010 4th St. S.**
2.4 CITY-ST-ZIP **St. Petersburg, Fl. 33705**

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 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

Susan M. Johnston (Susan M Johnston)

3-28-97

813-321-3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0377083

CR2E034 (9/96)