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Jul 11 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 # V18083

1. Corporation Name
TCL Carpet Cleaning, Inc.

Principal Place of Business	Mailing Address
2421 Crystal Dr. Ft. Myers, FL 33906	PO Box 60453 Ft. Myers, FL 33906

3. Date Incorporated or Qualified
3a. Date of Last Report: 8-8-96

2. Principal Place of Business
21: Ft. Myers, FL 2421 Crystal Dr
22 Suite, Apt. #, etc.: C
23 City & State: Ft Myers, FL
24 Zip: 33906 25 Country: Lee

2a. Mailing Address
26: PO Box 60453
27 Suite, Apt. #, etc.: N/A
28 City & State: Ft Myers FL
29 Zip: 33906 30 Country: Lee

4. FEI Number: 65-032404[illegible] ☐ 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

Robert Jorgensen
PO Box 60453
Ft Myers, FL 33906
913 SE 14th Terr
Cape Coral FL
33990

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 2421 Crystal Dr #C
83
84 City: Ft Myers FL 85 Zip Code: 33906

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: Robert A Jorgensen — 6-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas C Ledyard	☒ DELETE	11 TITLE Pres 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Robert A. Jorgensen 913 SE 14th Terr Cape Coral FL 33990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kay Lois Ledyard	☐ DELETE	21 TITLE Sec 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Kathy J Jorgensen 913 SE 14th Terr Cape Coral FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE VP 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Garreth Gimbra 128 SW 19th Lane Cape Coral FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	300002236793 -07/14/97--01005--024 ***550.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	CC 7/11	☐ Change ☐ Addition

CR2E034 (9/96)

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: Robert A Jorgensen — 6-12-97 — 941-9360239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #