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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V38150** 

(1)

EXECUTIVE CLEANING, INC.

| LALOUI                                 | TAE OFFICIALITY HO.   |  |                 |                    |  |  |
|--|---|--|-----------------|--------------------|--|--|
| Principal Plac                         | e of Business   | Mailing Address                            |                 |                    |  | OTONI BIBLI DIGIT BIBLI BIBLI DIDIT IBDI                   |
| 229 BENTBOUGH DR. 2                    |   | 229 BENTBOUGH DR.<br>LEESBURG FL 34748-910 | )               |                    |  |  |
|  |   |  |                 |                    | 3. Date Incorporated or Qualified 05/19/1992   | 3a. Date of Last Report 09/06/1996                         |
| 2. Principal P                         | iace of Business  | 2a. Mailing Address                        |                 |                    | 4. FEI Number  | Applied For  |
| 21                                     |   | 26   | :6              |                    | 59-3125268   | Not Applicable   |
| Suite, Apt. #, etc                     |   | Suite, Apt. #, etc.                        | h               |                    | 5. Certificate of Status Desired   | \$8.75 Additional  |
| ************************************** |   | 27   | l               |                    |  | Fee Required   |
| City & State                           |   | City & State                               | ├¬ ′            |                    | 6. Election Campaign Financing   | \$5.00 May Be  |
| <b>23</b> ]<br>Zip                     | Country   | <b>28</b>                                  | Cour            | nin.               | Trust Fund Contribution  | Added to Fees  |
|  | 25  | ├ <del></del>                              | $\vdash$        | ııry               | 8. This corporation has liability for i  | ntangible tax under s. 199.032,<br>Yes                  No |
| 24                                     | 9. Name and Address of Curre  | 29  <br>ent Registered Agent               | 30              |                    | 10. Name and Address of New Re-  |  |
| COL                                    | LINS STANLEY J.   |  |                 | 81 Name            |  |  |
| 229 BENTBOUGH DR                       |   |  | ļ               |                    |  |  |
| LEESBURG FL 34748                      |   |  |                 | 82 Street A        | ddress (P.O. Box Number is Not Acceptab  | le)  |
|  |   |  |                 | 83                 |  |  |
|  |   |  |                 | 84 City            | ······································   | FL 85 Zip Code   |
| 11. Pursuant                           | to the provisions of Sections 607.05  | 502 and 607.1508, Florida Statu            | tes, the ab     | ove-named c        | orporation submits this statement for the poration's board of directors. I hereby accept |  |
| office or r                            | egistered agent, or both, in the Sta<br>m familiar withnand accept the obli | te of Florida. Such change was             | authorized      | by the corpo       | oration's board of directors. I hereby accept  | ot the appointment as registered                           |
|  | 3.4- U. 0.10°   | ganona or, acciron cor coco, i             | iorida Statt    | AGS.               | 1  | 129 197  |
| SIGNATURE                              | Signature: typed or project name of registence a                            | igent and title if applicable. (NO         | TE: Registered  | Agent signature re | equired when reinstating)  | DATE   |
| 12.                                    | OFFICERS A  | ND DIRECTORS                               | 13.             |                    | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12                                    |
| TITLE                                  | D   | DELETE                                     | 1.1 TIT         | LE                 |  | Change Addition  |
| NAME                                   | COLLINS, STANLEY J.   |  | 1.2 NA          | ME                 |  |  |
| STREET ADDRESS                         | 229 BENTBOUGH DR.   |  | 1.3 ST          | REET ADDRESS       |  |  |
| CITY-ST-ZIP                            | LEESBURG FL   |  | 1.4 CIT         | Y-ST-ZIP           |  |  |
| THILE                                  | _   | D DELETE                                   |                 | LE                 |  | Change Addition  |
| NAME                                   | COLLINS, REBECCA L.   |  | 2.2 NA          | ME                 |  |  |
| STREET ADDRESS                         | 229 BENTBOUGH DR.   |  | 2.3 \$17        | REET ADDRESS       | •  |  |
| CITY - ST - ZIP                        | LEESBURG FL   |  | 2, 4 (0)        | TY-ST-ZIP          | <u>ت</u>   |  |
| TITLE                                  |   | DELETE                                     | 3.1 TIT         | LE.                |  | Change Addition  |
| NAME                                   |   |  | 3.2 NA          | ME                 |  |  |
| STREET ADDRESS                         |   |  | 3.3 ST          | REET ADDRESS       |  |  |
| C(TY+ST-ZIP                            |   |  | 3.4 CI          | TY-ST-ZIP          |  |  |
| TITLE                                  |   | ☐ DELETE                                   | DELETE 4.1 TIT  |                    |  | Change Addition  |
| NAME                                   |   |  | 4. 2 NA         | ME                 |  |  |
| \$TREET ADDRESS                        |   |  | 4.3 STF         | REET ADDRESS       |  |  |
| CHTY - ST - ZIP                        |   |  | 4.4 CITY        |                    |  |  |
| TITLE                                  |   | ☐ DELETE                                   | 5.1 TIT         | LE T               |  | Change Addition  |
| NAME                                   |   |  | 5.2 NA          | ME                 |  |  |
| STREET ADDRESS                         |   |  | 53\$TF          | REET ADDRESS       |  |  |
| CITY - S1 - ZIP                        |   |  | 5.4 CIT         | Y-ST-ZIP           |  |  |
| TITLE                                  |   | DELETE                                     | 6.1 <b>T</b> IT | LE                 |  | Change Addition  |
| NAME                                   |   |  | 6.2 NA          | ME                 |  |  |
| STREET ADDRESS                         |   |  | 6.3 STF         | REET ADDRESS       |  |  |
|  |   |  |                 |                    |  |  |

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:

NATURE AND TYPEN OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

1/29/97 (352) 728-846

**FILED** 

Feb 06 1997 8:00am

Secretary of State