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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38150 (1)

EXECUTIVE CLEANING, INC.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business 229 BENTBOUGH DR. 229 BENTBOUGH DR. LEESBURG FL 34748 LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3125268 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 COLLINS STANLEY J. 229 BENTBOUGH DR 82 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, byted or proved the obligations of its implicable. (NOTE: Registered Agent signature required when reinstating)

DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ☐ Change TITLE 1.3 TITLE COLLINS, STANLEY J. 1.2 NAME NAME STREET ADDRESS 229 BENTBOUGH DR. 1.3 STREET ADDRESS LEESBURG FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE COLLINS, REBECCA L. 2.2 NAME NAME 229 BENTBOUGH DR. 2.3 STREET ADDRESS STREET ADDRESS LEESBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3171716 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ___ DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

NUGOSILINE OF A REPUBLINS

20/98 (352)728-8461