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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90243 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38150

1. Corporation Name

EXECUTIVE CLEANING, INC.



Principal Place of Business

Mailing Address

229 BENTBOUGH DR. 11202 PATTERSON ST.
LEESBURG FL 34748 54. LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1992

4. FEI Number

59-3125268

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 11202 PATTERSON
Suite, Apt. #, etc.

26 11202 PATTERSON
Suite, Apt. #, etc.

22 City & State

27 City & State

23 LEESBURG, FL
Zip Country

28 LEESBURG, FL
Zip Country

24 34788 25 LAKE

29 34788 30 LAKE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS STANLEY J.
229 BENTBOUGH DR
LEESBURG FL 34748

81 Name

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

83 11202 PATTERSON ST

84 City

LEESBURG

FL

85 Zip Code

34788

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

Donna Chappell

(NOTE: Registered Agent signature required when reinstating)

2-4-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COLLINS, STANLEY J.
STREET ADDRESS 229 BENTBOUGH DR.
CITY-ST-ZIP LEESBURG FL ☒ DELETE

TITLE D
NAME COLLINS, REBECCA L.
STREET ADDRESS 229 BENTBOUGH DR.
CITY-ST-ZIP LEESBURG FL ☒ DELETE

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

1.1 TITLE D/P
1.2 NAME Chappell, Donna M
1.3 STREET ADDRESS 11202 PATTERSON ST
1.4 CITY-ST-ZIP LEESBURG, FL 34788 ☒ Change ☐ Addition

2.1 TITLE D/P
2.2 NAME Chappell, Samuel W
2.3 STREET ADDRESS 11202 PATTERSON ST
2.4 CITY-ST-ZIP LEESBURG, FL 34788 ☒ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Donna Chappell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

352-343-7373

Daytime Phone #

CR2E034 (11/98)