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Mar 19 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 # **V48552** (6)

1. Corporation Name
ZEE'S PRESSURE WASH, INC.

Principal Place of Business
**239 HUNTERS POINT TRAIL
SUITE 154
LONGWOOD FL 32779
US**

Mailing Address
**239 HUNTERS POINT TRAIL
SUITE 154
LONGWOOD FL 32779-2237
US**



2. Principal Place of Business

21 **239 HUNTERS POINT TRAIL**
Suite, Apt. #, etc.

22 **LONGWOOD FL**
City & State

23 **32779** **SEMINOLE**
Zip Country

24 **32779** **SEMINOLE**
Zip Country

2a. Mailing Address

26 **239 HUNTERS POINT TRAIL**
Suite, Apt. #, etc.

27 **LONGWOOD, FL**
City & State

28 **32779** **SEMINOLE**
Zip Country

29 **32779** **SEMINOLE**
Zip Country

3. Date Incorporated or Qualified
07/08/1992

3a. Date of Last Report
04/25/1996

4. FEI Number

59-3132865

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

**ZENT, MICHAEL R
265 SPRINGS COLONY CIRCLE
SUITE #154
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of the president, principal officer, registered agent, and for all applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ZENT, MICHAEL R	
STREET ADDRESS	239 HUNTERS POINT TRAIL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	☐ DELETE
NAME	ZENT, GLORIA K	
STREET ADDRESS	239 HUNTERS POINT TRAIL	
CITY-ST-ZIP	LONGWOOD 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Michael R Zent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97 407-774-7391
Date Daytime Phone

CR2E034 (9/96)