

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 19 AM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 355281 (7)

1. Corporation Name
VICK'S CLEANERS, INC.

Principal Place of Business Mailing Address

% ARTHUR J. VICK, JR.
2915 NAVY BLVD.
PENSACOLA FL 32505

% ARTHUR J. VICK, JR.
2915 NAVY BLVD.
PENSACOLA FL 32505

3. Date Incorporated or Qualified: **11/13/1969** 3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

4. FEI Number: **59-1280465** 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. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

VICK, ARTHUR J., JR.
2915 NAVY BLVD
PENSACOLA FL 32505

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	VICK, GRAY N.
STREET ADDRESS	1230 W. KINGS FIELD ROAD
CITY - ST - ZIP	CANTONMENT FL
TITLE	P
NAME	VICK, ARTHUR J., JR.
STREET ADDRESS	308 DOLPHIN
CITY - ST - ZIP	GULF BREEZE FL
TITLE	VD
NAME	HULL, RONALD L.
STREET ADDRESS	2959 STEFANI ROAD
CITY - ST - ZIP	CANTONMENT FL
TITLE	SD
NAME	HULL, MARY V.
STREET ADDRESS	2959 STEFANI ROAD
CITY - ST - ZIP	CANTONMENT FL
TITLE	TD
NAME	VICK, LESLIE M.
STREET ADDRESS	308 DOLPHIN
CITY - ST - ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	HULL, MARY V.
5.4 CITY - ST - ZIP	2959 STEFANI ROAD CANTONMENT FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **4 13 95 204 432 8317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR Date Daytime Phone #