Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90132 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

STREET ADDRESS CITY-ST-ZIP

QUALIT	DAT CLEANERS, INC.							
Principal Place	e of Business	Mailing Address			1 (BBUIR BUIRE	liaki Asidi Ailii aiki Aid	ist atau asau anan a	SATE ATARE SAME
104 W GRANT		104 W GRANT ST						
PLANT CITY FL 33566 PLANT CITY FL 33566				,				
US US						DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or 01/17/1980	Qualifed		ĺ
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
21	lace of positions	26			59-1968666		⊢	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Ā	
22		27			5. Certifcate of Status I	Desired L	Fee Re	quired
City & State City & State					6. Election Campaign F	inancing _	\$5.00	May Be
23		28			Trust Fund Contribut	ion	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owe	s the current year	Intangible	
24	25	29 3	io		Personal Property Ta	ıx.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address	of New Register	ed Agent	
TIMP	rh, judy a		81	Name				
235	ETRADNELL RD miss P	GLLED - TRAPNELL	82	Street A	ddress (P.O. Box Number is N	ot Acceptable)		
PLA	NT CITY FL 33566		83					
			94	City			. 85 Zip C	`odo
			84	City		F	L	
-66	to the provisions of Sections 607.05	- of Florida Ough -bases of		the corne	ration's heard of directors. I her	eby accept the ap-	pointment as reg	nistered i
agent, I a	m familiar with, and accept the oblig		da Statutes		quired when reinstating)	DATE		
agent, I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R ND DIRECTORS	da Statutes			DATE	AND DIRECTO	RS IN 12
agent, I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	gations of, Section 607.0505, Florid	da Statutes		quired when reinstating)	DATE		
agent, I a SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P SMITH, JACK L.	gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R ND DIRECTORS	da Statutes Registered Agen		quired when reinstating)	DATE	AND DIRECTO	RS IN 12
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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 suppliemental 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.

6.3 STREET ADDRESS

TUDY A Smith SIGNATURE: