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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77845

(8)

HERRING CLEANING SERVICES, INC.

	a densinas	Mailing Address			
Principal Place of Business 4566 ST JOHNS AVE JACKSONVILLE FL 32210		4566 ST JOHNS AVE JACKSONVILLE FL 32210-	1839		
				3. Date Incorporated or Qualified 04/27/1982	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1784134	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip	Country	Z(p	Country	8. This corporation has liability for	
24	25 9. Name and Address of Curren	29	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
		r negistered Agent	B1 Name	10. Name and Address of New Ae	gistered Agent
HERRING, JOAN 4341 WOODMERE ST					
JAC	KSONVILLE FL 32210		83		
			84 City		B5 Zip Code
					FL III
office or agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statules.	poration submits this statement for the pation's board of directors. I horeby acception	
- 10	Signature, typed or printed name of registered age		It Registered Agent signature requestions.	pred when relestating) ADDITIONS/CHANGES TO OFFICE	PEDS AND DIDECTORS IN 42
12.	OFFICERS ANI	DELETE	111016	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HERRING, CORY	bittie	1.2 NAME		— Change — Addition
STREET ADDRESS	8873 ROSE HILL DR S		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-7IP		
TITLE	\$10	DELETE	21 TITLE	and the control of th	Change Addition
NAME	HERRING, SHANE		22 NAME		
STREET ADDRESS	5429 BRUMBY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2 4 CHY-S1-7IP		
TITLE	VD	DELETE	3 1 TPLF		Change Addition
NAME	HERRING, JOAN		32 NAME		
STREET ADORESS	4341 WOODMERE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		34 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 111LE	Spelling Correct	Addition
NAME	NERRING, CARL		4. 2 NAME	La caista CARI	
STREET ADDRESS	4341 WOODMERE ST		4.3 STREET ADDRESS	Spelling Correct Herring, CARI	,
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Charige Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CHY-ST-7IP		
TITLE		DELETE	61 TITLE		Change Add-tion
NAME	1		62 NAME		

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 logal offect as if made under eath; 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.

63 STREET ADDRESS

SMATURE:

STREET ADDRESS

4-29-47

904-3849437

FILED

May 05 1997 8:00am

Secretary of State