

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

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # H35768 (1)**

1. Corporation Name  
**PRESTIGE CLEANERS, INC.**



Principal Place of Business <b>% ROBERT H. THORNTON 2210 N. MONROE ST. TALLAHASSEE FL 32303</b>	Mailing Address <b>% ROBERT H. THORNTON 2210 N. MONROE ST. TALLAHASSEE FL 32303</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/27/1984</b>	
21	Suite, Apt. #, etc.	26	<b>3044 W Tharpe St</b>	4. FEI Number <b>59-2485657</b>	Applied For Not Applicable
22	City & State	27	<b>Tallahassee FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	<b>32303</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THORNTON, SCOTT, H  
2210 N. MONROE ST.  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81	Name	<b>Tom Richardson</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>3044 W. Tharpe St</b>
83		
84	City	<b>Tallahassee FL</b>
85	Zip Code	<b>32303</b>

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 Thomas Richardson DATE 4/21/98

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THORNTON, SCOTT HOLLAND</b>	
STREET ADDRESS	<b>2313 HAVERHILL DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHRODE, DEBORAH A.</b>	
STREET ADDRESS	<b>3289 LORD MURPHY TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHRODE, CHARLES</b>	
STREET ADDRESS	<b>3289 LORD MURPHY TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>William F. Milford</b>	
1.3 STREET ADDRESS	<b>8397 Old Post ROAD</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee FL 32301</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: William F. Milford

CR25034 (10/97)