FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 23 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J57936 (3)

1. Corporation Name
BIO-CHEM CLEANING SERVICE, INC.

Principal Place of Business	Mailing Address
1589 METROPOLITAN BLVD., SUITE B-1 TALLAHASSEE FL 32308-3794	1589 METROPOLITAN BLVD., SUITE B-1 TALLAHASSEE FL 32308-3794

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 1535 Killearn Ctr. Blvd,
Suite, Apt. #, etc.
22 Suite B-1a
City & State
23 Tallahassee, FL 32308
Zip 24 32308 Country 25 Leon

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2808365 ☐ 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

THOMPSON, SANDRA R.
7004 FOXGLOVE LANE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☒ Addition V-P
NAME	THOMPSON, LEE	12 NAME	Raymond B. Thompson
STREET ADDRESS	7004 FOXGLOVE LANE	13 STREET ADDRESS	3347 Thomas Butler Road
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, SANDRA R.	22 NAME	800001498585
STREET ADDRESS	7004 FOXGLOVE LANE	23 STREET ADDRESS	-05/24/95--01073--012
CITY ST ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	VxP	31 TITLE	☐ Change ☐ Addition
NAME	RaymondxBxxThompson	32 NAME	
STREET ADDRESS	3347xThomasxButlerxRoad	33 STREET ADDRESS	
CITY ST ZIP	Tallahasseexxxx32308	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	5/23/95 MB
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Sandra R. Thompson 5/23/95 386-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027471 CP