FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** Corporation Name SOUTHSIDE CLEANERS, INC. Mailing Address Principal Place of Business 3807 SOUTHSIDE BLVD. 3807 SOUTHSIDE BLVD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3a. Date of Last Report 04/25/1995 Date Incorporated or Qualified 02/26/1990 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip Ζıρ Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOEGLER, STEVEN C. Street Address (P.O. Box Number is Not Acceptable)
10/51 Decrwood Park Blvd 82 4655 SALISBURY RD **SUITE 390** 83 Building 100, Suite 200 JACKSONVILLE FL 32256 Zip Code **3225**6 City Jacksonville 85 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 Signature, typod or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ■ Addition DELETE 1.1 TITLE TIFLE HARRIS, MICHAEL P. 1.2 NAME NAME 3807 SOUTHSIDE BLVD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-7IP Change Addition VST DELETE 2 1 TITLE TITLE HARRIS, AMY C 2.2 NAME NAME 3807 SOUTHSIDE BLVD 2 3 STREET ADDRESS STHEET ADDRESS JACKSONVILLE FL 24 CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Addition DELETE 3 1 TITLE THE NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST-ZIP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE 6 1 TITLE Change 6.2 NAME NAM: 6.3 STREET ADDRESS STREET ADDRESS

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 cath, 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 Blo an an attachment with an address.

6.4 CITY - ST - ZIP

CITY+ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

4-15-96 904285 8644

CR2E034 (12/95)