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

Mailing Address 261 CRESTVIEW DR

2a. Mailing Address

CLERMONT FL 34711-2407

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

2. Principal Piace of Business

SIGNATURE:

261 CRESTVIEW DR CLERMONT FL 34711



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000094315 (5)**

CUSTOM TEXTILE CLEANING, INC.

59-3351661 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Ζip Country Zip This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JORDAN, EDWARD P # DAG P. Jurdan 900 W HWY 50 ress (P.O. Box Number is Not Acceptable) **CLERMONT FL 34711** Hìghwau Zip Code 84 clermont 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) (96/6) Change Addition DELETE 11 I/II F Ind Duvall, Scoll SUVALL, SCOTT 1.2 NAME 261 Crestview Dr 261 CRESTVIEW DR 1.3 STREET ADDRESS STREET ADDRESS **CLERMONT FL 34711** Clermont Pl 34711 1.4 CITY-ST-ZIP CITY-ST-ZE DELETE Change Addition 2 1 TITLE TITLE DUVALL, SCOTT 22 NAME NAME 261 CRESTVIEW DRIVE STREET ADORESS 2.3 STREET ADDRESS CLERMONT FL 2.4 CITY-ST-ZIP CITY ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 900002198029 NAME 4. 2 NAME -06/02/97--01115--013 4.3 STREET ADDRESS STREET ADDRESS ***165.00 4.4 CITY-ST-ZIP CHTY-ST-7-P Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME STREET ADORESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. If 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 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

FILED
May 19 1997 8:00am
Secretary of State

3a. Date of Last Report

Applied For

05/01/1996



3. Date incorporated or Qualified

12/11/1995

4. FEI Number