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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094315 (5)

CUSTOM TEXTILE CLEANING, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I 10031600 110 10101 0311 80111 00131	YOUNG BOSES INCH	EFERR IIIS! III	JET 0141 1001
261 CRESTVIEW DR 261 CRESTVIEW DR							
CLERMONT FL 34711 CLERMONT FL 34711				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified		FACE	
				12/11/1995	'		
2. Principal Place of Business	2a, Mailing Address			4. FEI Number		TĀI	pplied For
21	26			59-3351661			ot Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75	Additional
22	27	***		5. Certificate of Status Desired		Fee Ro	equired
City & State	City & State	late		6. Election Campaign Financing	_	\$5.00	May Be
23	28			Trust Fund Contribution	<u> </u>		to Fees
Zip Country	Zip	Country		8. This corporation owes or has p			
24 25 25 Name and Address of Curre		30	·	Personal Property Tax due Jur 10. Name and Address of New F			_ No
	in Hogistorea Agent	81	Name	10. Name Bio Address of New F	ofisionan v	Baur	
JORDAN, EDWARD P II		82					
13543 E. HIGHWAY 50 CLERMONT FL 34711			Street Addre	ess (P.O. Box Number is Not Accept	able)		
OLERMONT FL 34711		83			·		
				· · · · · · · · · · · · · · · · · · ·			
		64	City		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the	nurnose of	changing it	ts registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was au	uthorized by	the corporation	on's board of directors. I hereby acc	ept the appo	ointment as	registered
SIGNATURE		Edwar	1 5 .	ordan 11	4/271	95	ŀ
Signature typed or printed name of registered ag	col and tipe if applicable (NOTE		nt signature require	d when reinstaling)	DATE		I,
	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12
TITLE	☐ DELETE	1.1 TITLE				Change	Addition 3
NAME DUVALL, SCOTT		1.2 NAME					;
STREET ADDRESS 261 CRESTVIEW DR		1.3 STREET	ADDRESS				
CITY-ST-ZIP CLERMONT FL 34711	Deter	1.4 CITY - S	T-ZIP				
TITLE D	☐ DELETE	2.1 TITLE			į	L Change	Addition
NAME DUVALL, SCOTT		2.2 NAME					
STREET ADDRESS 261 CRESTVIEW DRIVE CLERMONT FL		2.3 STREET					
CITY-ST-ZIP CLEHMONT FL	DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP			Change	Addition
NAME	C VICE IL	3.7 TILLE 3.2 NAME	Ì			1 Ought	Addition
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY-S					l
TITLE	DELETE	4.1 TITLE				Change	Addition
NAME		4. 2 NAME				_ •	_
STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY - ST					
TITLE	DELETE	5.1 TITLE		**************************************		Change	☐ Addition
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CITY - ST	- ZiP				
TITLE	DELETE	6.1 TITLE]			Change	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET	address				
CITY-ST-ZIP	Mush to file order of the state	64 CITY-ST					
 I hereby certify that the information supplied w 	and this tilling does not alliality for	ine evenint	ion stated in S	action 119 (17/37/) Florida Statutos	I without now	esu that the	intermetion

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 occiproration or the receiver or furstee 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.