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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

Mar 31 1998 8:00am

Secretary of State

Change

Change

Addition

Addition

DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

300 Leah Miller Drive

Fort Walton Beach FL

501832

(O)

Mailing Address

QUALITY CLEANERS OF FORT WALTON BEACH, INC.

455 EGLIN PARKWAY 455 EGLIN PARKWAY FORT WALTON BEACH FL 32547-2827 FORT WALTON BEACH FL 32547-2827 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1739040 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 WOFFORD, MYRA L Name 212 BEAL PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 84 City 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 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 DELETE 11TITLE Change Addition WOFFORD, MYRA L. NAME 1.2 NAME 212 BEAL PARKWAY STREET ADDRESS 1.3 STREET ADDRESS FT. WALTON BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE WOFFORD, CHARLES D. NAME 2.2 NAME 212 BEAL PARKWAY STREET ADDRESS 2.3 STREET ADDRESS FT. WALTON BCH. FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE WOFFORD, CHARLES D. NAME 3.2 NAME 212 BEAL PARKWAY STREET ADDRESS 3.3 STREET ADDRESS FT. WALTON BCH. FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Treasurer 4.1 TITLE Change Addition NAME 4. 2 NAME Jane Wofford

6.4 CITY-ST-ZiP 14. Thereby 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE