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 MAR -7 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F55880 (1)

1. Corporation Name
SOUTHERN CLEANING AND HOME REPAIRS, INC.

Principal Place of Business	Mailing Address
131 NE 17TH PLACE OCALA FL 34470 US	131 NE 17TH PLACE OCALA FL 34470 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/24/1981
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2137567 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BROWN, WILLIAM M.
5271 N. HWY 314A
SILVER SPRINGS FL 34470

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 [signature] WILLIAM M. BROWN 3-3-95
(Signature, typed or printed name of registered agent and the date as applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BROWN, DORIS M.
STREET ADDRESS	2044 SE 37TH CT. CIRCLE
CITY-ST-ZIP	OCALA FL
TITLE	DC
NAME	BROWN, WILLIAM L.
STREET ADDRESS	131 NE 17TH PLACE
CITY-ST-ZIP	OCALA FL
TITLE	PD
NAME	BROWN, W MICHAEL
STREET ADDRESS	5271 N HWY 314A
CITY-ST-ZIP	SILVER SPRINGS FL
TITLE	VPD
NAME	HICKMAN, KAREN
STREET ADDRESS	131 NE 17TH PL
CITY-ST-ZIP	OCALA FL
TITLE	STD
NAME	LASTINGER, CYNTHIA
STREET ADDRESS	131 NE 17TH PLACE
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Brown, Doris	OMIT
1.3 STREET ADDRESS	2044 S.E. 37th Ct. Circle	
1.4 CITY-ST-ZIP	Ocala, Fl	
2.1 TITLE	DC	☒ Change ☐ Addition
2.2 NAME	BROWN, WILLIAM L.	OMIT
2.3 STREET ADDRESS	131 N.E. 17th Place	
2.4 CITY-ST-ZIP	Ocala, Fl	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	☒ Change ☐ Addition
4.2 NAME	HICKMAN, KAREN	OMIT
4.3 STREET ADDRESS	131 N.E. 17th PL	
4.4 CITY-ST-ZIP	OCALA, FL	
5.1 TITLE	STD	☐ Change ☐ Addition
5.2 NAME	LASTINGER, CYNTHIA	X OMIT
5.3 STREET ADDRESS	131 N.E. 17th PLACE	
5.4 CITY-ST-ZIP	Ocala, Fl	
6.1 TITLE	STD	☐ Change ☒ Addition
6.2 NAME	ANITA M. BROWN	
6.3 STREET ADDRESS	5271 N.HWy 314A	
6.4 CITY-ST-ZIP	SILVER SPRINGS, FL 34488	

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 [signature] William M Brown 3/2/95 629-4431
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

0350488 CP