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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F86246** 

(8)

Mailing Address

DIXIE CLEANERS, INC.

Principal Place of Business

Secretary of State

**FILED** 

Apr 16 1997 8:00am

% JOSEPH E. GREENBLATT 2301 NORTH PALAFOX STREET PENSACOLA FL 32501		% Joseph E. Greenblatt 2301 North Palafox Street Pensacola fl 32501-1724		3. Date Incorporated or Qualified 06/22/1982	3a. Date of Last Report 04/12/1996
2. Principal P	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2202304	Not Applicable
Suite, Apt. #, etc.  22 City & State  23 City & State  28			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
		<b>├</b>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	7(p 29	Country 30	,	Yes No
	g, Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New Re	Jistered Agent
	ENBLATT, JOSEPH E.	-	Valle _		
	1 NORTH PALAFOX STREE ISACOLA FL 32501	ı	82 Street Ac	ddress (P.O. Box Number is Not Acceptab	le)
ı					
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statut	es, the above-named co	orporation submits this statement for the p	
office or r	edistered agent, or both, in the	State of Florida Such change was a obligations of Section 607.0505, Florida Section 607.0505, Fl	authorized by the corpo	ration's board of directors. I hereby accept	t the appointment as registered
SIGNATURE					
	Signature Appeal or perfect name of register	rockagent and title it applicable (NOT RSIAND DIRECTORS	E: Registered Agent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 12
12.	DPV	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	GREENBLATT, JOSEPH E		1.2 NAME		La compa
SIPPER ACCORAGES 2301 N PALAFOX ST		1.3 STREET ADORESS			
CITY - ST - ZIP	PENSACOLA, FL 00000		1.4 CiTY-ST-ZIP		
1016		DELETE	2.1 TITLE		Change Addition
NAM:			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY-St-Z#			2 4 CITY - ST - ZIP		
TIFEF		DELETE	31 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS	Ti:		3.3 STREET ADDRESS		
00°V 51-761			3.4. CITY - ST - ZIP		
THU		☐ DELETE	4.1 T(TLÉ		Change Addition
NAME.			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St ZiP			4.4 CJTY-SI-ZIP		
TityF		[_] DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREE" ACCIDENS			5.3 STREET ADDRESS		
Oth St ZIP			5.4 CITY-ST-ZIP		Distance Distance
HILF		DELETE	6.1 TITLE		Change Addition
N <sup>2</sup> M:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-SI-742			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 are an officer or director of the comporation 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 12 or Block 13 if opens 1), or an attachment with an address.

SIGNATURE: