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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMOF STATE

Sandra B. Mam

Secretary of DIVISION OF CONTATIONS

1998

DOCUMENT # F93000002810 (0)

KENTUCKY CLEANING MANAGEMENT, INC.

Principal Place of Business Mailing Address 10101 LINN STATION RD. 10101 LINN STATION RD. SUITE 600 SUITE 600 LOUISVILLE KY 40223 LOUISVILLE KY 40223

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

2. Principal Place of Business	2a. Mailing A	ddress		4. FEI Number	Applied For
21	26	į		61-1238554	Not Applicable
Suite, Apt. #, etc.	Suite, Apt	t. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & Sta	ate		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Coun	try Zip	() () ()	у	8. This corporation owes or has paid the	current year Intangible
24 25	29	30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM B1 Name					
1200 SOUTH PINE ISLAND ROAD			2 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		<u>}</u>	Street Address (P.O. Box Number is Not Acceptable)		
			3		
			1 City	F	EL 85 Zip Code
11. Businest to the previous of Sections 607 0502 and 607 1502 Glorida Statutes, the paragration submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida. Such change was author 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 S es.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Ses.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Regis Poent signature required when reinstating) DATE					
	ne of registered agent and title if applicable. DEFICERS AND DIRECTORS	(NOTE, Regtri A	gent signature rec	ADDITIONS/CHANGES TO OFFICERS	
TITLE CT		DELETE 1.1E		Applitologor Mades 10 of 102.10.	Change Addition
	·			10000267	45611
NAME SCUDDER, CHARLES D III STREET ADDRESS 10101 LINN STATION RD., SUITE 600		1.5/E			-01067001
LOUBLY I LANGUAGO		1	ET ADDRESS	****550.0	0 ****550.00 \8
			-ST-ZIP	*****JJU.U	Change Addition
TITLE DVS		DELETE 2.1E			Glange Addition
NAME SCUDDER, DIANI		2. M E	•		į
J. 11227 7 10 21 12 20 2	TION RD., SUITE 600	2.98	ET ADDRESS		
CITY-ST-ZIP LOUISVILLE KY 4			-ST-ZIP		A CONTRACTOR OF THE CONTRACTOR
TITLE P		DELETE 3, LE			Change Addition
NAME BARKER, JERRY		3 _A ME	E		1
STREET ADDRESS 10101 LINN STATION RD., SUITE 600		3.RE	ET ADDRESS		
CITY-ST-ZIP LOUISVILLE KY 4	0223	3iTY	-ST-ZIP		
TITLE		DELETE 47LE			Change Addition
NAME		4AM	ie		
STREET ADDRESS		ÆRFI	ET ADDRESS		1
CITY-ST-ZIP			- ST-ZIP		
TILE		DELETE STLE			Change Addition
NAME	_	5AME			1
STREET ADDRESS		1	ET ADDRESS		
CITY-ST-ZIP			-ST-ZIP		Change Addition
TITLE	i.i.	DELETE . 6TLE		. 1	Onungo notition
NAME		6AM	E		
STREET ADDRESS		6(RE	ET ADDRESS	1/ MIXIAU A	γ
CITY-ST-ZIP		5TY	-ST-ZIP	19/10/11	as cortify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the emption stated in Section 119.07(3)(i), Florida Statities. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate d 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 executive 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.

CD SWITHE REQUIED SIGNATURE: