Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90043 023 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G24685

1. Corporation Name

QUALITY CLEANERS OF GAINESVILLE, INC.

Principal Place	of Business	Mailing Address				( ) MI() ( ) MI(2 () P) ( O () O () O () O () O () O () O			
4116 NW 16TH	BLVD.	11 N.E. 23RD AVE.				<b>\</b>			
	C. 4001 NEWBERHT RD.	GAINESVILLE FL 32609			DO NOT WRITE IN THIS SPACE				
GAINESVILLE FI	L 32605	US			3. Date Incorporated or Qualifed				
US						02/18/1983			-
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		7   A	pplied For
— ·	ace of business	— ·	26			_59-2260933		<u> </u>	lot Applicable
Suite, Apt.	th atc	Suite, Apt. #, etc.							Additional
	#, etc.		27			5. Certifcate of Status Desired			lequired
City & State	a	City & State				6. Election Campaign Financing		\$5.00	May Be
23	· ·	<del></del>	28			Trust Fund Contribution			to Fees
Zip	Country		Zip Country			8. This corporation owes the curr	ent vear Inta	ngible	
24	25	29 30				Personal Property Tax.			
	9. Name and Address of Curren		<u> </u>			10. Name and Address of New F	egistered /	Agent	
			8	31	Name				
GRE	G JOHNSON		82 Street Ad			idress (P.O. Box Number is Not Acceptable)			
QUA	LITY CLEANERS		82 Street			iss (F.O. Box Number is Not Accepte	ibio,		
11 E	23RD AVENUE		8	33					7
GAIN	IESVILLE FL 32609		L	_				05 7:0	Cado
			8	34	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the abo	ove-r	named corpo	ration submits this statement for the	nurnose of	changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	horized t	by th	e corporation	n's board of directors. I hereby accep	t the appoir	ntment as r	egistered
SIGNATURE	Signature, typed or printed name of registered ager	(NOTE: D	a alatomed A	nont n	signature required	when rainetating	DATE		\
12,		ID DIRECTORS	13.	Aoura	nghao required	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	D	DELETE	1,1 TITLE					Change	☐ Addition
NAME	TURNER, RICHARD W.		1.2 NAME						ł
STREET ADDRESS	4116 NW 16TH BLVD.		1.3 STRE		DORESS				}
	GAINESVILLE FL		1,4 CITY						
CITY-ST-ZIP TITLE	DV	□ DELETE			ZIF.		<del></del>	☐ Change	Addition
	JOHNSON, GREG J			ıF.					ļ
NAME			2.3 STREET ADDRESS		nnoces				]
STREET ADORESS	010/ 1111 10111 10111		2.4 CITY						f
CITY-ST-ZIP	GAINESVILLE FL	GAINESVILLE FL			ZIP			☐ Change	Addition
TITLE	the state of the s		3.1 TITLE 3.2 NAM		-	-			_
NAME					DDDECC				
STREET ADDRESS					DDRESS				-
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4,1 TITLE		4117			☐ Change	Addition
TITLE		רי הכובוב			ľ	•			
NAME			4. 2 NAN						J
STREET ADDRESS					DORESS				}
CITY-ST-ZIP	-	C DELETE	4.4 CITY		ZIP			☐ Change	Addition
TITLE	• • •	☐ DELETE	5.1 T/TLE 5.2 NAME						
NAME		•			DODESS				ļ
STREET ADDRESS					DORESS				ì
CITY-ST-ZIP		Cherette	5.4 CITY 6.1 TITL		ZIP			☐ Change	Addition
TITLE	·	☐ DELETE						□ change	, L Addition
NAME			6.2 NAM						1
STREET ADDRESS					DORESS				
CITY-ST-ZIP			6.4 CITY	(-\$T-2	ZIP				

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 corporation or the receiper 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 addless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR