

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:54

DOCUMENT # G73150 (6)

1. Corporation Name

CERTIFIED CLEAN ROOM LAUNDRIES, INC.

Principal Place of Business

**601 GRAND CENTRAL ST
CLEARWATER FL 34616**

Mailing Address

**601 GRAND CENTRAL ST
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/12/1983

3a. Date of Last Report
03/29/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2368317

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

9. Name and Address of Current Registered Agent

**WHITEHURST, LEON, JR.
510 N. FT HARRISON AVE
CLEARWATER FL 33516**

10. Name and Address of New Registered Agent

81 Name

JOHN E. TAYLER

82 Street Address (P.O. Box Number is Not Acceptable)

1101 ENISWOOD PKWY

83

84 City

PALM HARBOR

FL

85 Zip Code
34683

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 607.0508, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning.)

DATE

3-27-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PST
TAYLER, JOHN E.
601 GRAND CENTRAL ST
CLEARWATER FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
TAYLER, JOHN E.
601 GRAND CENTRAL ST
CLEARWATER FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true and correct and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in person. I am an officer or director of the corporation or the registered or transfer agent authorized 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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-95

813-442-7111