

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 APR 10 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **G74106** (7)

1. Corporation Name

**HIGHLAND'S CLEANERS AND LAUNDRY, LINEN, UNIFORM
SUPPLY, INC.**

Principal Place of Business

Mailing Address

**101 EAST MAIN STREET
AVON PARK FL 33825****101 EAST MAIN STREET
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1983

3a. Date of Last Report

10/05/1994

4. FEI Number

59-2861010

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$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 *Highland's Cleaners & Laundry
Linen, Uniform
Supply, Inc.***22** *Same*

City & State

City & State

Zip

Country

Zip

Country

23**24**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOYLE, BILLY E.
101 EAST MAIN STREET
AVON PARK FL 33825**

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DOYLE, BILLY E.
STREET ADDRESS	101 EAST MAIN STREET
CITY - ST - ZIP	AVON PARK, FL 00000
TITLE	VTD
NAME	DOYLE, DEBORAH C.
STREET ADDRESS	101 EAST MAIN STREET
CITY - ST - ZIP	AVON PARK FL
TITLE	D
NAME	DOYLE, JOHN
STREET ADDRESS	101 EAST MAIN ST
CITY - ST - ZIP	AVON PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W. Doyle**3/14/95**(212) 453-4450*