FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 2:53

DOCUMENT # **H53678** (9)

1. Corporation Name
JACKSONVILLE DRY CLEANING, INC.

Principal Place of Business	Mailing Address
8711 PERIMETER PARK BLVD STE 6 JACKSONVILLE FL 32216 US	~~8711 PERIMETER PARK BLVD~~ STE 6 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1985
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26 8711 PERIMETER PARK BLVD.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 SUITE 6
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

4. FEI Number: 59-2633521 ☐ 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

MCQUAIG, DAVID H.
8711 PERIMETER PARK BLVD.
SUITE 6
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	TITLE	☐ Change ☐ Addition
NAME	SHRETTA, MUKESH	NAME	
STREET ADDRESS	1209 RIVERGREEN DR	STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	SHRETTA, MUKESH	NAME	
STREET ADDRESS	1209 RIVERGREEN DR	STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	SHRETTA, SHEELA	NAME	
STREET ADDRESS	9645 BAYMEADOWS RD, 783	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or in Block 11 if changed, or added to the report with an address.

SIGNATURE: S. Shretta Sheela Shretta 1/9/95 (904) 737-2728
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0018141 CP