

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

APPROVED
AND
FILED

95 MAR -7 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H76295

(5)

1. Corporation Name

AMERICAN RUG CLEANING, INC.

Principal Place of Business

650 NW BUCK HENRY WAY
STUART FL 34994

Mailing Address

654 NW BUCK HENDAY WAY
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/16/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2595202

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4124 SKYLINE DR

Suite, Apt. #, etc.

22 City & State

23 JENSEN BEACH

24 34957 25 MARTIN

26 4124 SKYLINE DR

Suite, Apt. #, etc.

27 City & State

28 JENSEN BEACH

29 34957 30 MARTIN

2a. Mailing Address

26 4124 SKYLINE DR

Suite, Apt. #, etc.

27 City & State

28 JENSEN BEACH

29 34957 30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPDELAINE, MARK J.
4124 NE SKYLINE DR
JENSEN BEACH FL 34957

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME CHAPDELAINE, MARK J.
STREET ADDRESS 4124 NE SKYLINE DR
CITY-ST-ZIP JENSEN BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95

(Date)

407-324-9292

(Typed Name)