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 MAY -1 AM 9:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H84601** **(4)**

1. Corporation Name
CLASSIC CLEANERS OF OCALA, INC.

Principal Place of Business	Mailing Address
2641 SOUTH WEST COLLEGE ROAD OCALA FL 32674	2641 SOUTH WEST COLLEGE ROAD OCALA FL 32674

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/07/1985**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2612196** ☐ 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

WELCH, JOHN F.
916 S.E. FORT KING STREET
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name: Gregory S. Flanagan
82 Street Address (P.O. Box Number is Not Acceptable): One Northeast First Avenue, Suite 303
83
84 City: Ocala **FL** 85 Zip Code: 34470

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] 5/1/95
Signature of 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KERR, JOHN J (Delete) 1621 NE 2ND ST, UNIT 404 OCALA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D Ward, James W., Sr. 3427 SE 17th Street Ocala, Florida 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KERR, ANITA J (Delete) 1621 NE 2ND ST, UNIT 404 OCALA FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D Ward, Brenda J. 3427 SE 17th Street Ocala, Florida 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D Upton, Terry R. 5561 NE 2nd Lane Ocala, Florida 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D Upton, Joy V. 5561 NE 2nd Lane Ocala, Florida 34471
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James W. Ward Sr. 4/26/95 (904) 237-1715
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES W. WARD, SR.

0381411 CP