

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 22 PM 1:53

DOCUMENT # **J09214** (4)  
1. Corporation Name  
**QUALITY LINEN SYSTEMS, INC.**

Principal Place of Business: **5128 ASHMEADE RD. ORLANDO FL 32810**  
Mailing Address: **5128 ASHMEADE RD. ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/14/1986**  
3a. Date of Last Report: **03/17/1994**  
4. FEI Number: **59-2819624**  
Applied For:  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

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

9. Name and Address of Current Registered Agent  
**LOVETT, W. THOMAS  
200 E. ROBINSON  
SUITE 500  
ORLANDO FL 32801**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>SKIDMORE, GERALD E.</b>
STREET ADDRESS	<b>5128 ASHMEADE RD.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b>
NAME	<b>SKIDMORE, JOHN EUGENE</b>
STREET ADDRESS	<b>15725 WASHINGTON ST.</b>
CITY - ST - ZIP	<b>RIVERSIDE CA</b>
TITLE	<b>S</b>
NAME	<b>SKIDMORE, JAMES E.</b>
STREET ADDRESS	<b>110 AURORA DRIVE</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(2)(b), 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. 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: *Gerald E. Skidmore* *John Eugene Skidmore* **1-16-95** **407 213 7435**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR