

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J83246 (5)

1. Corporation Name
RUB-A-DUB DUB CLEANING SERVICE, INC.

Principal Place of Business
4605 N.W. 6TH STREET, SUITE B
GAINESVILLE FL 32609

Mailing Address
4605 N.W. 6TH STREET, SUITE B
GAINESVILLE FL 32609-1783



3. Date Incorporated or Qualified 07/15/1987
3a. Date of Last Report 02/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2825194		Applied For	
21 Suite, Apt. #, etc.		26 Suite Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
						Yes No	

9. Name and Address of Current Registered Agent

REED, MICHAEL A.
4605 N.W. 6TH STREET, SUITE B
GAINESVILLE FL 32609

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 607.0505 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 *Michael A. Reed* MICHAEL A. REED 1/22/97
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	P REED, MICHAEL A. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MICHAEL A.	1.2 NAME	
STREET ADDRESS	4121 NW 59TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32606	1.4 CITY - ST - ZIP	
TITLE	ST REED, DALE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DALE	2.2 NAME	
STREET ADDRESS	5312 N.W. 34TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32608	2.4 CITY - ST - ZIP	
TITLE	V MERCHANT, PATRICIA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHANT, PATRICIA	3.2 NAME	
STREET ADDRESS	3680 42ND WAY SOUTH, 58-A	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 or as an attachment with an address.

SIGNATURE: *Michael A. Reed* MICHAEL A. REED 1/22/97 352-336-8570
Signature typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)