

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:40

DOCUMENT # L35675

(2)

1. Corporation Name

MAC'S CLEANERS, INC.

Principal Place of Business

**1953 EDEN DRIVE
C/O JOHN M. BRINKER
DELTONA FL 32725**

Mailing Address

**1953 EDEN DRIVE
C/O JOHN M. BRINKER
DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/05/1989

3a. Date of Last Report
05/01/1994

4. FEI Number

59-2979529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BRINKER, JOHN M.
1953 EDEN DR.
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81. Name

HAROLD M. LASHLEY

82. Street Address (P.O. Box Number is Not Acceptable)

2224 PIMLICO ST

83.

84. City

ORLANDO

FL

85. Zip Code

32822

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

Harold M. Lashley - Pres.

Harold M. Lashley

4-7-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRINKER, JOHN M.
STREET ADDRESS	1953 EDEN DR.
CITY - ST - ZIP	DELTONA FL
TITLE	VP
NAME	LASHLEY, MAC
STREET ADDRESS	2224 PIMLICO STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	ST
NAME	LASHLEY, MAC
STREET ADDRESS	2224 PIMLICO STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	
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	DELETE
1.4 CITY - ST - ZIP	
2.1 TITLE	P ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	LASHLEY, CAROL ANN
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 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)(k), 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:

HAROLD M. LASHLEY

Harold M. Lashley

4-7-95

407-240-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)