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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMEN STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPO ONS

DOCUMENT # **L35675** **(2)**

1. Corporation Name

MAC'S CLEANERS, INC.

Principal Place of Business	Mailing Address
1953 EDEN DRIVE C/O JOHN M. BRINKER DELTONA FL 32725	1953 EDEN DRIVE C/O JOHN M. BRINKER DELTONA FL 32726

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 MAC'S DRY CLEANERS INC.	26 4415 HOFFNER RD	12/05/1989	04/11/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For ☐ Not Applicable
22 4415 HOFFNER RD.	27	59-2979529	
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 ORLANDO FL	28 ORLANDO FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 32812 / 25 ORANGE	29 32812 / 30 ORANGE		

9. **Name and Address of Current Registered Agent**

LASHLEY, HAROLD M.
2224 PIMLICO ST.
ORLANDO FL 32822

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LASHLEY, MAC		1.2 NAME	
STREET ADDRESS	2224 PIMLICO STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LASHLEY, CAROL ANN		2.2 NAME	
STREET ADDRESS	2224 PIMLICO STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 Mac Lashley 2/6/96 (407) 240-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)