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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:12

DOCUMENT # **L44505** **(0)**

1. Corporation Name
SPRINGS DRY CLEANERS, INC.

Principal Place of Business	Mailing Address
2620 ST RT 434 LONGWOOD FL 32775	2620 ST RT 434 LONGWOOD FL 32775

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1990** | 3a. Date of Last Report: **04/29/1994**

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)

4. FEI Number: **59-2996626** ☐ 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

LLAMA, ANA DELIA
4262 SANDHURST DR.
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: Jose Llama
82 Street Address (P.O. Box Number is Not Acceptable): 4262 Sandhurst Dr.
83
84 City: Orlando FL 85 Zip Code: 32817

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 X _____ Jose Llama 2/13/95
(Signature of the named registered agent, and title if applicable) (NOTE: Registered Agent signature required when mailing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☐ Change ☐ Addition
NAME	LLAMA, ANA DELIA	12 NAME	Jose LLAMA	
STREET ADDRESS	4262 SANDHURST DR.	13 STREET ADDRESS	4262 Sandhurst Dr	
CITY-ST-ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando FL 32817	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	SCHMALMAACK, CHUCK	22 NAME		
STREET ADDRESS	362 CUSTOM DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: X _____ Jose Llama 2/13/95 407 N.A. 682 7422
SIGNATURE AND TYPED OR PRINTED NAME OF BONNO OFFICER OR DIRECTOR (Date) (Telephone Number)

0044506 CP