

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 AM 9:26

DOCUMENT # L52746 (9)

1. Corporation Name

VILLAGE CLEANERS AND TAILORS, INC.

Principal Place of Business

102 PONDELLA RD
N FT MYERS FL 33903

Mailing Address

102 PONDELLA RD
N FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

03/21/1994

4. FEI Number

NOT APPLICABLE

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**RANDY DOUGLAS L. ESQ
590-11 STREET, SOUTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

Robert P. Henderson

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

1619 Jackson Street

83

84 City

Fort Myers

FL

85 Zip Code
33901

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: The printed name and signature required when registering

DATE

5/17/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D

NORTON, MIKE

102 PONDELLA RD

N FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY ST ZIP

☐ Change ☐ Addition

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

☐ Change ☐ Addition

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY ST ZIP

☐ Change ☐ Addition

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY ST ZIP

☐ Change ☐ Addition

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY ST ZIP

☐ Change ☐ Addition

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY ST ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I do hereby certify that the information provided 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 included in 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07M 3/95 995-6037