

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90079 030 \*\*\*150.00

DOCUMENT # L92521

1. Corporation Name  
MCSHERRY DRY CLEANING, INC.

Principal Place of Business  
9054 HICKORY CIR  
TAMPA FL 33615

Mailing Address  
9054 HICKORY CIR  
TAMPA FL 33615



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1990

4. FEI Number  
59-3021795

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11612 N. Dale Mabry Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 8504 Heyward Rd  
Suite, Apt. #, etc.

City & State

23 Tampa Florida

City & State

28 Tampa, Florida

Zip Country

24 33618 25 US

Zip Country

29 33635-6002 30 US

9. Name and Address of Current Registered Agent

MCSHERRY, PATRICK J.  
9054 HICKORY CIRCLE  
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name McSherry, Patrick J.

82 Street Address (P.O. Box Number is Not Acceptable)  
8504 Heyward Rd

83

84 City Tampa FL 85 Zip Code 33635-6002

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

*Patrick J. McSherry*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCSHERRY, PATRICK J.  
STREET ADDRESS 9054 HICKORY CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME MCSHERRY, RAIZA  
STREET ADDRESS 9054 HICKORY CIRCLE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P. McSherry, Patrick J. ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 8504 Heyward Rd  
1.4 CITY-ST-ZIP Tampa, FL 33635-6002

2.1 TITLE D, VP ☒ Change ☐ Addition  
2.2 NAME McSherry, Raiza  
2.3 STREET ADDRESS 8504 Heyward Rd  
2.4 CITY-ST-ZIP Tampa, FL 33635-6002

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
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 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patrick J. McSherry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/27/99

CR2E034 (11/98)

0392991