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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047731 (3)

CASTLE CLEANERS, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4031E S NOVA ROAD 4031E S NOVA ROAD PORT ORANGE FL 32127 PORT ORANGE FL 32127 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3332876 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 25 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent CASTLE, RONALD E 4031E SOUTH NOVA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 050? 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 signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE CASTLE, RONALD E NAME 1.2 NAME 1010 N SWALLOW TAIL DR #1405 STREET ADDRESS 1.3 STREET ADDRESS PT ORANGE FL 32119 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addilion TITLE 2.1 TITLE CASTLE, MICHAEL J 2.2 NAME NAME 1645 DUNLAWTON AVE #1312 STREET ADDRESS 2.3 STREET ADDRESS PT ORANGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE 61 THLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 eath; 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.