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

PROFIT CORPORATION **ANNUAL REPORT**

Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P93000050836 (4) DOCUMENT #

ECONO CLEANERS & LAUNDRY, INC.

Principal Place of Business Mailing Address 5680 BAYSHORE ROAD % JOHN P. MILLIGAN 1500 COLONIAL BLVD., SUITE 103 UNIT 21 DO NOT WRITE IN THIS SPACE NORTH FORT MYERS FL 33917 FT MYERS FL 33907 3. Date Incorporated or Qualified 07/20/1993 2. Principal Place of Business 2a. Mailing Address 4 FEI Numbe Applied For 65-0430962 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible cee 12 Yes ☐ No Personal Property Tax due June 30. 24 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MILLIGAN, JOHN P JR.,ESO MILLIGAN & SIGNORELLA, P.A. 82 1500 COLONIAL BLVD., #103 FT. MYERS FL 33907 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 lamiliar with, and accept the obligations of Section 607.0505, Florida Statules. appolfi OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE SALA, JOSEPH W 1.2 NAME NAME 4003 S.W. 27TH COURT 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 1,4 Cr1Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE PANDOLFI, JEROLD NAME 2.2 NAME 5031 S.W. 8TH PLACE 2 3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of 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 conforation or the receiver or jrustee appears in

FILED May 08 1998 8:00am Secretary of State

4/18/56