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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000054622 (4)

DOCUMENT #
1. Corporation Name BRANTLEY II TAILORING & DRY CLEANING, INC.

Principal Place of Business Malling Address 1494 W STATE RD 434 1494 W STATE RD 434 LONGWOOD FL 32750 LONGWOOD FL 32750



2 Dringing Di	ace of Business					3. Date Incorporated or Qualified 08/01/1993	3a. Date	of Last 04/25/	
21 Principal Fig.	ace or business	2a. Mailing Address	3			4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			59-3195028			Not Applicable
22		27				5. Certificate of Status Desired	Z {		5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be led to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible ta	x under	s 199.032,
24	9. Name and Address of Curr	29	30	,			No.		
	5. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New F	Registered .	Agent	
ALL ION	MG IAMEGE			"	Ivame				
WILLIAMS, JAMES E 1494 W STATE RD 434 LONGWOOD FL 32750				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
				83					
Long	100512 32730			63					
l			ľ	84	City		P-1	85 2	Zip Code
11. Pursuant to	o the provisions of Sections 607 05	02 and 607 1508 Florida St	tatutes, the short	UO F.	mod oores	ition submits this statement for the pur	FL		
or registere	ed agent, or both, in the State of Flo	orida. Such change was auti	horized by the c	ve-na orpo	arned corpora ration's board	ition submits this statement for the pur 3 of directors. I hereby accept the app	pose of cha cintment as	nging its reaistere	registered office id abent. Lam
	h, and accept the obligations of, Se	ction 607.0505, Florida Stat	tutes.			, , , , , , , , , , , , , , , , , , , ,			a ogo m r am
SIGNATURE _	Signature, typed or printed name of registered age	or 1 and title if acrelicable	(NOTE: Registered	Apont	e on the second				
12.		ND DIRECTORS	13.	→PLRIC (a-gratione recept 603	ADDITIONS/CHANGES TO OFF	DATE	DIRECT	OPS IN 12
TITLE	V	☐ DELETE	1. 1 11	TLE	V/			Change	
NAME	WILLIAMS, JAMES E		1.2 NA	ME	'		1	Q billings	Nadalion
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City-St-ZiP	LONGWOOD FL					hra			
0111131120	LONGITUOD FL		14.017	V-ST-	.71P 1.75 a.P	730			
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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 or an an anatomient with an address.