

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000053 (6)

1. Corporation Name

A TOUCH OF CLASS CLEANERS, INC.

Principal Place of Business

11940 US HWY ONE
SUITE 113 & 114
NORTH PALM BEACH FL 33408

Mailing Address

11940 US HWY ONE
SUITE 113 & 114
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0456482

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

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLINGSWORTH & MIEGEL, P.A.
11911 US HWY ONE
SUITE 210
NORTH PALM BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

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: Registered Agent signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SEEDARNEE, ELSIE N

STREET ADDRESS

11026 MONET LANE

CITY - ST - ZIP

PALM BEACH GARDENS FL 33410

TITLE

D

NAME

SEEDARNEE, KENNY

STREET ADDRESS

1038 KELLY CREEK CIRCLE

CITY - ST - ZIP

OVIEDO FL 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

SEEDARNEE, KENNY
2025 Vanderbilt Point
Longwood, FL 32779

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Nancy Seedarnee ELSIE
Nancy Seedarnee

4/25/95

407 1775-1500