

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000011910 (4)**

1. Corporation Name
F.D.R. CLEANING SERVICES, INC.



Principal Place of Business: **4787 ALBACORE LANE FT. MYERS FL 33919**
Mailing Address: **4787 ALBACORE LANE FT. MYERS FL 33919**

3. Date Incorporated or Qualified: **02/09/1994** 3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0472832	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BLAIR, DONALD J
4787 ALBACORE LANE
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input type="checkbox"/> DELETE NAME: BLAIR, DONALD J STREET ADDRESS: 4787 ALBACORE LANE CITY-ST-ZIP: FT. MYERS FL 33919	1. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1. 2 NAME: 1. 3 STREET ADDRESS: 1. 4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	2. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. 2 NAME: 2. 3 STREET ADDRESS: 2. 4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	3. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. 2 NAME: 3. 3 STREET ADDRESS: 3. 4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	4. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. 2 NAME: 4. 3 STREET ADDRESS: 4. 4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	5. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. 2 NAME: 5. 3 STREET ADDRESS: 5. 4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6. 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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: *Donald J Blair* DONALD J BLAIR

1/19/96

941-481-1752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)