FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:25

DOCUMENT # P94000089200 (7)

1. Corporate Name

PINNACLE LAUNDRY AND DRY CLEANING, INC.

Principal Place of Business

2349 ISLE OF CAPRI ROAD
NAPLES FL 33999

Mailing Address

2349 ISLE OF CAPRI ROAD
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994

3a. Date of Last Report: N/A

2. Principal Place of Business
21

Suite, Apt. # or Bldg.
22

City & State
23

Zip
24

County
25

2a. Mailing Address
26

Suite, Apt. # or Bldg.
27

City & State
28

Zip
29

Country
30

4. FEI Number: 65-0541088

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. Has corporation ever had any tangible tax under § 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VOLPE, MICHAEL J ESQ.
4001 TAMIAMI TRAIL, NORTH
SUITE 330
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 Section 607.1622, 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. The 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 that position per Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

TYPE	PTD
NAME	MACFARLANE, DENNIS
STREET ADDRESS	15894 BROTHERS COURT
CITY-ST-ZIP	FT. MYERS FL 33912
TYPE	VPSD
NAME	MACFARLANE, PATRICIA
STREET ADDRESS	15894 BROTHERS COURT
CITY-ST-ZIP	FT. MYERS FL 33912

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TYPE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I declare, under penalty of perjury, that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 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 added to the report with an address.

SIGNATURE: Dennis MacFarlane DENNIS MACFARLANE 1/31/95 813-489-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0453661 FP