

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90044 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000045385**

1. Corporation Name
ROYAL DRY CLEANERS, INC.
3617 CROWN POINT RD. #4
JACKSONVILLE, FL 32257

Principal Place of Business Mailing Address
3617 CROWN POINT RD. #4
JAX., FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/95

21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.	26	3617 CROWN PT. RD.
22	City & State	27	SUITE #4
23	Zip	28	JAX., FL 32257
24	Country	29	Country
25		30	

4.	FEI Number	Applied For
	59-3324285	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MEREDITH ALLEN HERNANDEZ
3617 CROWN POINT RD. #4
JACKSONVILLE, FL 32257

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 *Meredith Allen Hernandez* **2/25/99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	PRESIDENT
STREET ADDRESS	BRIAN DAVID MARSH
CITY-ST-ZIP	3617 CROWN POINT RD. #4
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY/TREASURER
STREET ADDRESS	MELANIE HOLLOWELL MARSH
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	WILLIAM G. HOLLOWELL
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> DELETE
NAME	DIRECTOR
STREET ADDRESS	SHELLA S. HOLLOWELL
CITY-ST-ZIP	SAME
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 hereby 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 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, with all other like empowered.

SIGNATURE: *William G. Hollowell* **4-7-99** 904-288-8999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)