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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000085684 (5)

PENNY-BRITE CLEANERS, INC.

## **FILED** Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					4 10011001 110 10131 01111 40111	POINT 80(II \$010) IOIO	E MISSE MISSES ENT	11 <b>010</b> 1 1 <b>30</b> 1
B43 WEST MICHIGAN AVE.  PENSACOLA FL \$2505  B43 WEST MICHIGAN A PENSACOLA FL \$2505					DO NOT	WRITE IN THIS	SPACE	
					3. Date Incorporated or Qu 11/07/1995			
2. Principal Place of Business 2a. Mailing Address				- 0.0	4. FEI Number		Ar	oplied For
21 2460 Belle Christin-Ci-26 PO BOX			30272		36-4046208		No	ot Applicable
Suite, Apt. #, etc. Suitg, Apt. #, etc. 27					5. Certificate of Status Desired			
City & State  City & State  City & State  City & State  28 Person  City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24 32503	Country	29 32503 E	Count	ry	8. This corporation owes or			
	26 Name and Address of Curren		30		Personal Property Tax do  10. Name and Address of h			No
					ne -			
843 WEST MICHIGAN AVENUE				}	SAne			
PENSACOLA FL 32505				Street Addr	ess (P.O. Box Number is Not Ad	cceptable)	C	.,_
7 21107			8		Ot no	Cristi	<del></del>	
			L	4 00		<del></del>	Tital 19:00	0-1-
			6	City P	e~SACOLA	FL.	85 Zip 3	2,5°03
11. Pursuant to the office or regist agent. I am få	e provisions of Sections 607.050 lered agent, or both, in the State militar with, and accept the obliga	2 and 607.1508, Florida <b>Sta</b> tutes of Florida. Such change was au ations of, Section 607.0505, Flor	the about horized lida Statut	ve-named corp by the corporati es.	poration submits this statement fi ion's board of directors. I hereb	or the purpose of y accept the app	changing it ointment as	s registered registered
SIGNATURE A	em M. Stend					/14/0	18	
Signature typed or printee name of registered agent and tille II applicable. (NOTE: Reg				gent signature require	ed when reinstating)  ADDITIONS/CHANGES TO	DATE DATE	DIDECTOR	C IN 10
12.		DELETE	13.		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Addition
11722	ENDT, LYNN M	D perent	1.2 NAMI				C) Unlarigo	
STREET ADDRESS 2460 BELLE CHRISTIAN CIRCLE			1.3 STREET ADDRESS					
411.46.16.00	ENSACOLA FL 32503	<del></del>	1,4 CITY					
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAMI	.				
STREET ADDRESS			2.3 STRE	ET AODRESS				
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	E .				
STREET ADDRESS			3.3 STRE	ET ADORESS				i
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 TITLE				∐ Change	☐ Addition
NAME			4. 2 NAM					
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CITY-ST-ZIP		DELETE	4.4 CITY			<del></del>	Change	Addition
TITLE		LJ DELETE	5.1 TITLE	Į.			∐ Change	Addition
NAME OVEREX 4000500	•		5.2 NAME	į.				
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-				Change	Addition
NAME		C oteric	6.2 NAME				T country	FNUMION
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.3 SINE					
0111-31-21"			040117	OI. TIL				

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.