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PROFIT CORPORATION ANNUAL REPORT

1997

I am an officer or director

appears in Block 12 or B

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 23 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099246 (6)

QUALITY CLEANERS V OF GAINESVILLE, INC.

Principal Place of Business Mailing Address 11 N.E. 23RD AVENUE 11 N.E. 23RD AVENUE Gainesville fl 32609 GAINESVILLE FL 32809-3842 3. Date Incorporated or Qualified 3a, Date of Last Report 12/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, GREG 11 N.E. 23RD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32609** 63 84 City Zip Code 85 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Title 1.1 TITLE Change JOHNSON, GREG NAME 1.2 NAME 11 N.E. 23RD AVENUE STHEET ADDRESS 1.3 STREET ADDRESS Gainesville fl 32609 Dity-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Addition Change 2.1 TIFLE TURNER, RICHARD NAME 2.2 NAME 7555 N.W. 135TH STREET STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32653** CHTY - ST - ZIP 2. 4 CiTY-ST-ZIP DELETE THE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE 1010 4.1 TITLE Change ☐ Addition LAN. 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST-ZIP DELETE 1005 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS (IITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THUE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET AODRESS CITY-ST-7 P 6.4 CITY-ST-ZIP

14. I do 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 supplicated annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

nent with an address

D OR PRINTED NAME OF BIGNING

eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes