

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

DOCUMENT # P97000039544 (6)

1. Corporation Name

CLASSIC TOUCH DRY CLEANERS, INC.



Principal Place of Business

Mailing Address

~~445-20 STATE ROAD 10 N, SUITE 300~~  
JACKSONVILLE FL 32250

~~445-20 STATE ROAD 10 N, SUITE 300~~  
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1997

4. FEI Number

59-3445746

Applied For

Not Applicable

2. Principal Place of Business

21 3617 CROWN PT. RD.

2a. Mailing Address

26 3617 CROWN PT. RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #7

27 SUITE #7

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32257

25 USA

29 32257

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH ALLEN

~~445-20 STATE ROAD 10 N, SUITE 300~~  
JACKSONVILLE FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3617 CROWN PT. RD. #7

83

84

City  
JACKSONVILLE,

FL

85 Zip Code  
32257

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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*

4/7/98

Signature, typed or 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 ☐ DELETE

NAME ALLEN, ROBERT N

STREET ADDRESS ~~445-20 STATE ROAD 10 N, SUITE 300~~  
CITY-ST-ZIP JACKSONVILLE FL 32250

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3617 CROWN PT. RD. #7  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ DELETE

NAME ALLEN, VANESSA

STREET ADDRESS ~~445-20 STATE ROAD 10 N, SUITE 300~~  
CITY-ST-ZIP JACKSONVILLE FL 32250

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3617 CROWN PT. RD. #7  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ DELETE

NAME HERNANDEZ, MEREDITH ALLEN

STREET ADDRESS ~~445-20 STATE ROAD 10 N, SUITE 300~~  
CITY-ST-ZIP JACKSONVILLE FL 32250

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 3617 CROWN PT. RD. #7  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 the information appears in Block 12 or Block 13, if changed, or on an attachment with all changes.

SIGNATURE

*Meredith Allen Hernandez*

4/7/98 200-8999

CR2E034 (10/97)