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
May 21 1998 8:00am
Secretary of State

DOCUMENT # **P97000066948 (5)**

1. Corporation Name
T.O.C. CLEANERS, INC.

Principal Place of Business: ~~445-20 STATE ROAD 13 N STE. 388 JACKSONVILLE FL 32259~~

Mailing Address: ~~445-20 STATE ROAD 13 N STE. 388 JACKSONVILLE FL 32259~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3617 CROWN POINT RD.	26 3617 CROWN POINT RD.
22 Suite, Apt. #, etc. SUITE #7	27 Suite, Apt. #, etc. SUITE #7
23 City & State JACKSONVILLE, FL	28 City & State JACKSONVILLE, FL
24 Zip 32257 — 25 Country USA	29 Zip 32257 — 30 Country USA

3. Date Incorporated or Qualified: **07/31/1997**

4. FEI Number: 59-3460701 ☐ 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
~~445-20 STATE ROAD 13 N STE. 388~~
JACKSONVILLE FL ~~32259~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3617 CROWN POINT RD.
83 SUITE #7
84 City JACKSONVILLE, FL 85 Zip Code 32257

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] 4/2/98
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	DPT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ROBERT N		1.2 NAME	
STREET ADDRESS	~~445-20 STATE ROAD 13 N STE. 388~~		1.3 STREET ADDRESS	3617 CROWN POINT RD. #7
CITY-ST-ZIP	JACKSONVILLE FL ~~32259~~		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DVS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, MEREDITH A		2.2 NAME	
STREET ADDRESS	~~445-20 STATE ROAD 13 N STE. 388~~		2.3 STREET ADDRESS	3617 CROWN POINT #7
CITY-ST-ZIP	JACKSONVILLE FL ~~32259~~		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] 4/2/98 (904) 288-8999