Applied For

Fee Required

\$5,00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000045003

1. Corporation Name

City & State

23

24

Zip

| ADAIR CUSTOM CLEANERS,  | , INC.                                   |   |  |
|---|--|---|--|
| Principal Place of Business   | Mailing Address                          |   |  |
| 1411 EDGEWATER DRIVE<br>ORLANDO FL 32804                                | 1411 EDGEWATER DRIVE<br>ORLANDO FL 32804 |   |  |
| Principal Place of Business The Place of Business The Place of Business | 2a. Mailing Address                      |   |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                      | • |  |

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Zip

City & State

9. Name and Address of Current Registered Agent HEWITT, ROBERT C 1411 EDGEWATER DRIVE

Country

25

ORLANDO FL 32804

| FILED                |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|
| Mar 14, 1999 8:00 am |  |  |  |  |  |  |
| Secretary of State   |  |  |  |  |  |  |
|                      |  |  |  |  |  |  |

03-14-1999 90023 023 \*\*\*150.00



|    |             | DO NOT WRIT        | E IN THIS SPA | \CE |
|----|-------------|--------------------|---------------|-----|
| 3. | Date Incorp | orated or Qualifed |               |     |

**.** .

05/19/1998 4. FEI Number

59-3513254

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

|                |  | 1          | 1         |   |   |                    |                       | ]               |
|----------------|--|------------|-----------|---|---|--------------------|-----------------------|-----------------|
|                |  | 84         |           |   | FL  |                    | Zip Cod               |                 |
| office or re   | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes<br>agistered agent, or both, in the State of Florida. Such change was auth<br>in familia, fith, and accept the obligations of Section 607.0505, Florid   | norized by | v tne c   | ned corporation submits this stateme<br>corporation's board of directors. I her | ent for the purpose of creby accept the appoint | hanging<br>tment a | g its reg<br>s regist | istered<br>ered |
| SIGNATURE      | 16000 WAGEROOF   |            |           |   | 7/6/77  |                    |                       |                 |
|                | organization, typed or printed realists of regions of the second of the  | <u> </u>   | ent signa | sture required when reinstating)  | 7 / DATE  | DIDE               | OTODO                 | INI 12          |
| <u>12.</u>     | OFFICERS AND DIRECTORS   | 13.        |           | ADDITIONS/CHANGE  | S TO OFFICERS AND                               | Char               |                       | Addition        |
| TITLE          | D DELETE   | 1.1 TITLE  |           |   |   |                    | igo (                 |                 |
| NAME           | HEWITT, ROBERT W   | 1.2 NAME   |           | •   |   |                    |                       |                 |
| STREET ADDRESS | 1411 EDGEWATER DRIVE   | 1.3 STREE  | ET ADOR   | (ESS  |   |                    |                       | ĺ               |
| CITY-ST-ZIP    | ORLANDO FL 32804   | 1.4 CITY-  | ST-ZIP    |   |   |                    |                       | _               |
| TITLE          | D DELETE   | 2.1 TITLE  |           | İ   |   | Char               | nge (                 | Addition        |
| NAME           | HEWITT, ROBERT C   | 2.2 NAME   |           |   |   |                    |                       |                 |
| STREET ADDRESS | 1411 EDGEWATER DRIVE   | 2.3 STREE  | ET ADDR   | RESS  |   |                    |                       |                 |
| CITY-ST-ZIP    | ORLANDO FL 32804   | 2. 4 CITY- | ST-ZIP    |   |   |                    |                       |                 |
| TITLE          | D DELETE   | 3.1 TITLE  |           |   |   | ☐ Char             | ige (                 | Addition        |
| NAME           | PARHAM, WALTER R   | 3.2 NAME   | į         |   |   |                    |                       |                 |
| STREET ADDRESS | 550 WEST WINTER PARK STREET  | 3.3 STRES  | ET ADDR   | RESS  |   |                    |                       | •               |
| CITY-ST-ZIP    | ORLANDO FL 32804   | 34, CITY-  | ST-ZIP    |   |   |                    |                       |                 |
| TITLE          | DELETE   | 4.1 TITLE  |           |   |   | Char               | nge                   | Addition        |
| NAME           |  | 4. 2 NAME  | Ξ         |   |   |                    |                       |                 |
| STREET ADDRESS |  | 4.3 STREE  | ET ADDR   | RESS  |   |                    |                       |                 |
| CITY-ST-ZIP    |  | 4.4 CITY-  | ST-ZIP    |   |   |                    |                       |                 |
| TITLE          | DELETE   | 5.1 TITLE  |           |   |   | Char               | nge                   | Addition        |
| NAME           |  | 5.2 NAME   |           |   |   |                    |                       |                 |
| STREET ADDRESS |  | 5.3 STREE  | ET ADDR   | RESS  |   |                    |                       |                 |
| CITY-ST-ZIP    |  | 5.4 CITY-  | ST-ZIP    |   |   |                    |                       |                 |
| TITLE          | ☐ DELETE   | 6.1 TITLE  |           |   |   | ☐ Chai             | nge                   | ☐ Addition      |
| NAME           |  | 6.2 NAME   |           |   |   |                    |                       | ٠               |
| STREET ADDRESS |  | 6.3 STRE   | ET ADDR   | RESS  |   |                    |                       |                 |
| CITY-ST-ZIP    |  | 6.4 CITY-  | ST-ZIP    |   |   |                    |                       |                 |
|                | tit it is a first the second of the second o | L          |           | totad in Coction 110 07/3\(i) Florida   | Statutos I further cort                         | fit that i         | he info               | rmation         |

Country

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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 of an attachment with an address with all other like empowered.

SIGNATURE: