

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89732** (9)

1. Corporation Name

PREMIER DRY CLEANING, INC.



Principal Place of Business

**7055 RADIO RD
NAPLES FL 33942**

Mailing Address

**7055 RADIO RD
NAPLES FL 33942**

3. Date Incorporated or Qualified
10/24/1991

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

21 **28029 OAK LANE**
Suite, Apt. #, etc.

2a. Mailing Address

26 **28029 OAK LANE**
Suite, Apt. #, etc.

4. FEI Number

65-0294894

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

City & State

23 **Bonita Springs FL**
Zip **33923**

City & State

28 **Bonita Springs FL**
Zip **33923**

Country

USA

Country

USA

9. Name and Address of Current Registered Agent

**SPICHER, DAVID
7055 RADIO RD
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

David Spicher

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

28029 OAK LANE

83

84 City

Bonita Springs

FL

85 Zip Code

33923

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

David Spicher
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SPICHER, DAVID**
859 VANDERBILT BEACH RD
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **SPICHER, RENEE**
859 VANDERBILT BEACH RD
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **28029 OAK LANE**
1.4 CITY-ST-ZIP **Bonita Springs, FL 33923**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **28029 OAK LANE**
2.4 CITY-ST-ZIP **Bonita Springs, FL 33923**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(941) 992-8852

Daytime Phone #

CR2E034 (12/95)