

5-498 B 6258 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12695 (5)
 1. Corporation Name
COUNTRY CLEANERS OF IMMOKALEE, INC.



Principal Place of Business 809 JEFFERSON AVENUE IMMOKALEE FL 33934	Mailing Address 805 W JEFFERSON AVE IMMOKALEE FL 33934 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1255 N. 15th St. Suite, Apt. #, etc. 22 Suite 7 City & State 23 Immokalee Fl Zip 24 34142		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34142		3. Date Incorporated or Qualified 02/07/1992	
				4. FEI Number 65-0318227	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, JERRY 809 JEFFERSON AVENUE IMMOKALEE FL 33934				10. Name and Address of New Registered Agent			
				81 Name Williams Jerry			
				82 Street Address (P.O. Box Number is Not Acceptable) 805 W. Jefferson Ave			
				83			
				84 City Immokalee FL 85 Zip Code 34142			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JERRY	1.2 NAME	Williams Jerry
STREET ADDRESS	809 JEFFERSON AVE	1.3 STREET ADDRESS	805 W. Jefferson Ave.
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	Immokalee Fl 34142
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOANN	2.2 NAME	Williams JOANN
STREET ADDRESS	809 JEFFERSON AVE	2.3 STREET ADDRESS	805 W. Jefferson Ave
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	Immokalee Fl 34142
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerry Williams Jerry Williams 4-26-98 941-657-2121

CR2E034 (10/97)