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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

97 APR 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18071** (3)

1. Corporation Name

NELSON'S ONE HOUR CLEANERS & LAUNDRY, INC.

Principal Place of Business

**109 CENTRAL DRIVE
BRANDON FL 33510**

Mailing Address

**109 CENTRAL DRIVE
BRANDON FL 33510**

REINSTATEMENT *9/6-9/7/00*

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
12/14/1995

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANGIORE, RALPH
201 N. FRANKLIN ST.
SUITE 2000
TAMPA FL 33602**

81 Name

82

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

83

84

BRANDON

FL

85

33510

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 607.0504, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

03/05/1997

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSDT
FIGUEROA, NELSON
1208 BRISTOLWOOD ST.
BRANDON FL 33510**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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)(b), 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 as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/97

813689-7202
Daytime Phone #

CR2E034 (12/95)