SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19202** **(3)**

1. Corporation Name
DIMENSION CLEANING SYSTEMS, INC.

Principal Place of Business	Mailing Address
3914 HENRY ROWELL ROAD PLANT CITY FL 33567	3914 HENRY ROWELL ROAD PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business
21 Rt 1 Box 253
22 Suite, Apt. #, etc.
23 City & State: Caryville, FLA
24 Zip: 32427
25 Country: Holmes

2a. Mailing Address
26 P.O. Box 206
27 Suite, Apt. #, etc.
28 City & State: Ethel, MS
29 Zip: 39067
30 Country: Attala

4. FEI Number: 59-3112000 ☐ 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

9. Name and Address of Current Registered Agent

DISHMAN, PHILLIP
3914 HENRY ROWELL ROAD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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] 7/22/95
(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	D	11 TITLE	D ☑ Change ☐ Addition
NAME	DISHMAN, PHILLIP	12 NAME	Dishman, Phillip
STREET ADDRESS	3914 ROWELL ROAD	13 STREET ADDRESS	Rt 1 Box 256
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	Ethel, MS 39067
TITLE	D	21 TITLE	D ☑ Change ☐ Addition
NAME	DISHMAN, JILL	22 NAME	Dishman, Jill
STREET ADDRESS	3914 ROWELL ROAD	23 STREET ADDRESS	Rt 1 Box 256
CITY-ST-ZIP	PLANT CITY FL	24 CITY-ST-ZIP	Ethel, MS 39067
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HEIL, FREDERICK	32 NAME	
STREET ADDRESS	1304 WALLWOOD DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 (changed) or on an attachment with an address.

SIGNATURE: [signature] Phillip Dishman President 7/22/95 1-800-674-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183584 FP