

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47007 (2)

1. Corporation Name

COMMUNITY CLEANERS & LAUNDRY, INC.

Principal Place of Business
**2744 S CHICKASAW TRAIL
ORLANDO FL 32829**

Mailing Address
**2744 S CHICKASAW TRAIL
ORLANDO FL 32829**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **06/25/1992** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-3136663** 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

2. Principal Place of Business

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

**JOINER, JOHN
2744 S CHICKASAW TRAIL
ORLANDO FL 32829**

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 607.05(2) and 607.15(8), 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, thereby, as set forth in the appointment of registered agent form, and I accept the obligations of Sections 607.05(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

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OFFICERS AND DIRECTORS

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ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
STREET ADDRESS
CITY, STATE, ZIP

**P
JOINER, JOHN W
4769 INDIAN GAP
ORLANDO FL**

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

**V
JOINER, SHARON S
4769 INDIAN GAP
ORLANDO FL**

4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, STATE, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.02(5)(b), Florida Statutes. I further certify that this information included 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 transfer empowered to make this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: *Sharon S. Joiner* **SHARON S. JOINER VP 4/28/95 407-658-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR