FILED Apr 20, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 388357 1. Corporation Name

KREIDER LAUNDRY LEASING COMPANY

| Principal Plac  | e of Business  | Maili         | ing Address            |  |  | - Line                              | - 1380134 11701 16101 10140 11361 671       | 11 1961 BIGH W      | 211 <b>818</b> 11 <b>818</b> 11 : |                            |
|---|--|---------------|------------------------|--|--|-------------------------------------|---|---------------------|-----------------------------------|----------------------------|
| 4974 96TH STREET NORTH 4974 96TH STREET NORTH   |  |               |                        |  |  |                                     |   |                     |                                   |                            |
| ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708   |  |               |                        |  |  |                                     |   |                     |                                   |                            |
| ļ   |  |               |                        |  |  |                                     | DO NOT WRIT                                 | E IN THIS           | SPACE                             |                            |
|   | •  |               | •                      |  |  |                                     | 3. Date Incorporated or Qualifed 09/15/1971 |                     |                                   |                            |
| 2. Principal P  | Place of Business  | 2a. N         | Mailing Address        |  | _  |                                     | 4, FEI Number                               |                     | A                                 | plied For                  |
| 21  |  | 26            | -                      |  |  |                                     | 59-1381380                                  |                     | <del></del>                       | t Applicable               |
| Suite, Apt.   | #, etc.  | <del></del>   | Suite, Apt. #, etc.    |  |  |                                     |   |                     | \$8.75                            | <del></del> _              |
| 22 City & Stat  |  | 27            |                        |  |  |                                     | 5. Certificate of Status Desired            |                     | Fee Re                            |                            |
| City-&-Stat   | •  |               | City & State           |  | -  |                                     | 6. Efection Campaign Financing              |                     | <b>-\$5:00</b>                    | May Be                     |
| 23  |  | 28            |                        |  |  |                                     | Trust Fund Contribution                     |                     | Added                             |                            |
| Zip · Country   |  | Z             | Zip Country            |  | 8. This corporation owes the curre   | nt year Inta                        | angible                                     |                     |                                   |                            |
| 24  | 25   | 29            |                        | 30   |  |                                     | Personal Property Tax.                      |                     | ☐Yes                              | □No                        |
|   | 9. Name and Address of Curren                                      | nt Register   | red Agent              |  |  |                                     | 10. Name and Address of New Re              | egistered A         | Agent                             |                            |
|   | 1050 D.L.E   |               |                        | 8  | 31   | Name                                |   |                     |                                   |                            |
| KREIDER, DALE   |  |               |                        |  | +  | Charle & dalara                     | (0.0 Barristania National                   | -1-3                |                                   |                            |
| 4974 96TH STREET NORTH  |  |               |                        | [ 9  | 32   | Street Addres                       | ss (P.O. Box Number is Not Acceptal         | ne)                 |                                   |                            |
| ST. I   | PETERSBURG FL 33708  |               |                        | ₹  | 33   |                                     |   |                     |                                   |                            |
|   |  |               |                        | L  | ┵  |                                     |   |                     |                                   |                            |
|   |  |               |                        | 8  | 34   | City                                |   | FL                  | 85 Zip (                          | Code                       |
| 14 Purcuent   | to the provisions of Sections 607,050                              | 12 and 607    | 1500 Florido Statute   | no the abs   |  | named same                          | ration culturate this statement for the r   |                     | changing its                      | rogistored                 |
| office or r   | egistered agent, or both, in the State                             | of Florida.   | . Such change was au   | uthorized b  | y th   | ne corporation                      | 's board of directors. I hereby accept      | the appoin          | itment as re                      | gistered                   |
| agent.1 a   | m familiar with, and accept the obliga                             | itions of, Si | ection 607.0505, Flori | ida Statute  | es.  | •                                   | •   |                     |                                   |                            |
| SIGNATURE   |  |               |                        |  |  |                                     |   |                     |                                   |                            |
| 12.   | Signature, typed or printed name of registered ager<br>OFFICERS AN |               | <del></del>            |  | yent s   | signature required w                | · · · · · · · · · · · · · · · · · · ·       | DATE                | D DIDEOTO                         |                            |
| TITLE   | PD   | DURECI        | DELETE                 | 13.  |  |                                     | ADDITIONS/CHANGES TO OFF                    | ICERS AN            | Change                            | Addition                   |
|   | KREIDER, DALE  |               | - DILLETE              | - 1  |  | ł                                   |   |                     | onange                            | C Addition                 |
| NAME  | 4974 96TH STREET NORTH   |               |                        | 1.2 NAME   | _  | ł                                   |   |                     |                                   |                            |
| STREET ADORESS  | ST. PETERSBURG FL  |               |                        | 1  |  | DDRESS                              |   |                     |                                   |                            |
| CITY-ST-ZIP   | SI. PETENSBUNG PL  |               |                        | 1.4 CITY-  |  | ZIP                                 |   |                     |                                   |                            |
| TITLE   |  |               |                        |  |  |                                     | <del></del>                                 |                     |                                   |                            |
| NAME  |  |               | ☐ DELETE               | 2.1 TITLE  | Ξ  |                                     | <del></del>                                 |                     | Change                            | Addition                   |
| AYDEET ADDDGGG  |  |               | LI DELETE              | 2.1 TITLE<br>2.2 NAME  |  |                                     | <del></del>                                 |                     | ☐ Change                          | Addition                   |
| STREET ADDRESS  |  |               | □ DELETE               |  | E  | DDRESS                              |   |                     | Change                            | Addition                   |
| CITY-ST-ZIP   |  |               |                        | 2.2 NAME   | E<br>EET AL  |                                     |   |                     | Change                            | ☐ Addition                 |
|   |  | <del>\$</del> | ☐ DELETE               | 2.2 NAME<br>2.3 STRE   | E<br>EET AL  |                                     |   | معترض سمت           | ☐ Change                          | ☐ Addition                 |
| CITY-ST-ZIP   |  | <del></del>   |                        | 2.2 NAME<br>2.3 STRE<br>2.4 CITY   | E<br>ETAI<br>(-ST-   |                                     | <u> </u>                                    | - The second second |                                   | _                          |
| CITY-ST-ZIP   |  | <del> ;</del> |                        | 2.2 NAME<br>2.3 STRE<br>2.4 CITY<br>3.1 TITLE  | E<br>ETAI<br>/-ST-<br>E  | ZIP                                 | ,   | - Law - Carrell     |                                   | _                          |
| CITY-ST-ZIP<br>TITLE<br>NAME  |  | <del> </del>  |                        | 2.2 NAME<br>2.3 STRE<br>2. 4 CITY<br>3.1 TITLE<br>3.2 NAME   | E<br>(-ST-<br>E<br>E<br>EETAL  | ZIP                                 | ,   | المعالجين معاجد     |                                   | _                          |
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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 ghanged, or on an attachment with an address, with at other tike empowered.