

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **824229** (9)

1. Corporation Name  
**PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC.**



Principal Place of Business: **700 JACKSON STREET POST OFFICE BOX 1137 KENNER LA 70062-7774**  
Mailing Address: **700 JACKSON STREET POST OFFICE BOX 1137 KENNER LA 70062-7774**

3. Date of Incorporation or Qualified: **03/13/1970** 3a. Date of Last Report: **05/17/1995**  
4. FEIN Number: **72-0503033** 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

10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Subst. Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 Subst. Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent

**SHACKLEFORD, FARRIOR, STALLINGS & EVANS  
FARRIOR, J. REX, JR., 1ST FLORIDA TOWER  
TAMPA FL 33601**

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

11. Pursuant to the provisions of Sections 607.001(2) and 607.1401(1), Florida Statutes, the above named corporation or individual hereby certifies 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, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.001(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> CHAIR
NAME	<b>PELLERIN, CURTIS A.</b>	
STREET ADDRESS	<b>300 STELLA ST</b>	
CITY-STATE-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> OFFICER
NAME	<b>FULGO, RICHARD C.</b>	
STREET ADDRESS	<b>1031 RUE ORLEANS</b>	
CITY-STATE-ZIP	<b>SLIDELL LA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> OFFICER
NAME	<b>FRILOT, CLIFTON</b>	
STREET ADDRESS	<b>1508 HOUMA BLVD</b>	
CITY-STATE-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> OFFICER
NAME	<b>PELLERIN, JAMES</b>	
STREET ADDRESS	<b>400 NORTHLINE</b>	
CITY-STATE-ZIP	<b>METAIRIE LA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> OFFICER
NAME	<b>STEPNES, JOHN</b>	
STREET ADDRESS	<b>624 FLEURIE DR</b>	
CITY-STATE-ZIP	<b>KENNER LA</b>	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation or trust or partnership, and that my signature has the same legal effect as if made under oath, that I am an officer or director of the corporation or trust or partnership. If the corporation is a partnership, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an affidavit with this address.

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

4/12/96 504-467-9583

CR2E034 (12/95)