

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91046 003 ***150.00

DOCUMENT # L02438

1. Entity Name

HICKS LAUNDRY EQUIPMENT CORP.



Principal Place of Business

4475 28TH STREET NORTH
SAINT PETERSBURG FL 33714
US

Mailing Address

4475 28TH STREET NORTH
SAINT PETERSBURG FL 33714
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2963064**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALUDA, MARLA H
4201 13TH WAY NE
SAINT PETERSBURG FL 33702

Name **MARLA E. HICKS**

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

Same as

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **COB** ☐ Delete
NAME **HICKS, DAVID C.**
STREET ADDRESS **1353 87TH AVE. NO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **ST** ☐ Delete
NAME **HICKS, LINDA L.**
STREET ADDRESS **1353-87TH AVE. NO.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE **PV** ☐ Delete
NAME **CALUDA, MARLA H**
STREET ADDRESS **4201 13TH WAY NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MARLA E. HICKS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARLA HICKS** **MARLA HICKS** **4/22/04** **727-522-0649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #