

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90124 019 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L77852**

1. Corporation Name  
**WEST FLORIDA LAUNDRY, INC.**

Principal Place of Business  
**4713 HESPERIDES ST.  
 TAMPA FL 33614  
 US**

Mailing Address  
**4713 HESPERIDES ST.  
 TAMPA FL 33614  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 4422 N. Church St.**

2a. Mailing Address  
**26 4422 N. Church St.**

3. Date Incorporated or Qualified  
**06/05/1990**

4. FEI Number  
**59-3011774**

22 Suite, Apt. #, etc.  
**H**

27 Suite, Apt. #, etc.  
**H**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
**Tampa FL**

28 City & State  
**Tampa FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip **33604** 25 Country

29 Zip **33614** 30 Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MANLEY, JAMES F.  
 4713 HESPERIDES ST.  
 TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name **James Manley**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4422 N. Church St. # H**  
 83  
 84 City **Tampa** FL 85 Zip Code **33614**

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 **James F. Manley**

**2/18/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	MANLEY, JAMES F.	1915 W. WATERS AVE.	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	James F. Manley	4422 N. Church St. # H	Tampa, FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James F. Manley** REQUIRED

**2/18/99** 813-877-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)