

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # P93000023405 (2)

1. Corporation Name

LINEN MANAGEMENT SERVICES, INC.



Principal Place of Business	Mailing Address
967 BLANDING BLVD ORANGE PARK FL 32065 US	967 BLANDING BLVD ORANGE PARK FL 32065 US

3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 03/28/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-3196046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFIN, BEN 12 EAST MCKEY STREET OCOOEE FL 34761				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, FRED E	12 NAME	
STREET ADDRESS	4568 ORTEGA BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOODART, ED	2. 2 NAME	
STREET ADDRESS	5931 SAXONY WOODS LANE	2. 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2. 4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, VICKI L	3. 2 NAME	
STREET ADDRESS	1556 PARK WAY COURT	3. 3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Vicki L. Hoffman* **VICKI L. HOFFMAN** 4/18/96 904-276-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)