

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085542 (7)

1. Corporation Name

DESTIN MAYTAG LAUNDRY, INC.

Principal Place of Business

803 HWY 90 E
800 MAR WALT DR., SUITE 1014
DESTIN FL 32541
US

Mailing Address

175 KEL-WEN CIRCLE
800 MAR WALT DR., SUITE 1014
DESTIN FL 32541
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/08/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3222154

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

2. Principal Place of Business

21 803 HWY. 90E

Suite, Apt. #, etc.

22 City & State
DESTIN, FL.

23 Zip
32541

24 Country
U.S.

2a. Mailing Address

25 175 KEL-WEN CIRCLE

Suite, Apt. #, etc.

27 City & State
DESTIN, FL.

28 Zip
32541

30 Country
U.S.

9. Name and Address of Current Registered Agent

LANG, ROBERT C
175 KEL-WEN CIRCLE
800 MAR WALT DR., SUITE 1014
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	LANG, ROBERT C
STREET ADDRESS	175 KEL-WEN CR.
CITY - ST - ZIP	DESTIN FL
TITLE	ST
NAME	LANG, COLLEEN M
STREET ADDRESS	175 KEL-WEN CR.
CITY - ST - ZIP	DESTIN FL
TITLE	P
NAME	SMITH, AMY S
STREET ADDRESS	154 LOLA CIRCLE
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 addendum with an address.

SIGNATURE: Robert C Lang / ROBERT C LANG 4/28/95 (904) 837-8710

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature